



County Borough of Smethwick

The
Health of the Borough
in
1950

HUGH PAUL, M.D., D.P.H.

Medical Officer of Health,
Tuberculosis Officer and
School Medical Officer.

JOHN H. WRIGHT, M.B.E., F.S.I.A.
Chief Sanitary Inspector.

INDEX

	Page
Aged Persons, care of	57
Ambulance Services	49—50
Births, notifications	34
Blind Persons, Register of	59
Blind Persons, welfare of	59
Burial of the dead	58
Causes of death	17, 72
Chest Clinic, attendances	30
Chest Clinic, report of Tuberculosis Officer	31—32
Chiropody Service	51
Clinics, ante-natal and post-natal	34—35
Clinics, general information	60—61
Convalescent Treatment	52
Care of Children, Report of Children's Officer	42—45
Day Nurseries	40
Dental Treatment	35—36
Dental Treatment, report of Senior Dental Officer	36—38
Domestic Help Service	51
Factory Inspections	71
Food Inspection and Supervision	67—70
General Statistics	16
Handicapped Persons, welfare services	58
Health Visiting	39—40
"Hollies" Children's Home	41
Home Nursing Service	50
Illegitimate Infants, care of	39
Infant Mortality	16, 33
Infant Welfare Centres	38
Infectious Diseases, incidence	20
Inspection, sanitary	64—65
Loan of Sick-room equipment	53
Mental Deficiency	47—49
Mental Health Services	46
Midwifery Services	35
Notifiable Diseases	23
Ophthalmia Neonatorum	39
Overcrowding	67
Premature Infants, care of	38—39
Protection of patients' property	58
Rats and Mice Destruction	67
Removal of Persons in need of care and attention	58
Residential Accommodation, admissions and discharges	54—56
Sanatorium Admissions	29
Staff	6—8
Temporary Accommodation	57
Tuberculosis, deaths	27
Tuberculosis, general	26—29
Tuberculosis, notifications	25
Vaccination	24
Veneral Diseases	24
Vital Statistics	16—19
Water Supply	66
Welfare Services	54—59

County Borough of Smethwick.

COMMITTEES—1950-1951

Health Committee :

Chairman: ALDERMAN MRS. E. M. FARLEY, J.P.

Vice-Chairman: THE MAYOR (ALDERMAN W. H. PERRY, J.P.).

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ALDERMAN F. W. PERRY, J.P.	M.R.C.S., L.R.C.P.
COUNCILLOR E. T. BROWN.	COUNCILLOR W. G. MASON.
	COUNCILLOR R. L. PRITCHARD.

Co-opted Members for the purpose of Maternity and Child Welfare:

MRS. M. LUDFORD, MISS S. C. WRIGHT.

Mental Health Sub-Committee :

All members of Health Committee.

MISS L. N. BROOK.

Welfare Sub-Committee :

Chairman: COUNCILLOR E. T. BROWN.

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ALDERMAN MRS. E. M. FARLEY, J.P.	THE MAYOR (ALD. W. H. PERRY, J.P.).

The Hollies and Day Nurseries Sub-Committee :

Chairman: ALDERMAN MRS. E. M. FARLEY, J.P.

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Health and Education Joint Sub-Committee :

Representing Health Committee.

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J.P. THE MAYOR (ALD. W. H. PERRY,
J.P.).

Representing Education Committee.

ALDERMAN C. H. MARRIOTT, J.P. COUNCILLOR MRS. M. KIMBERLEY.
MR. H. O. HUGHES, M.A., B.Sc.

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THE MAYOR (ALD. W. H. PERRY, J.P.).

Representing Housing Committee.

ALD. C. G. SPRAGG, O.B.E., J.P. COUNCILLOR W. J. DARBY.
ALDERMAN MRS. E. LEE.

HEALTH DEPARTMENT STAFF.

Medical Officer of Health, Tuberculosis Officer and School Medical Officer:

HUGH PAUL, M.D., B.Ch., B.A.O., D.P.H.

Senior Assistant Medical Officer of Health:

H. TABBUSH, M.B., Ch.B., D.P.H. (to 31.8.50).

Assistant Medical Officers:

MARGARET E. McLAREN, M.B., Ch.B., D.P.H.

CHRISTINA J. McLEAY, M.B., Ch.B. (to 31.1.50).

JOHN S. OWEN, M.B., Ch.B., D.P.H. (from 13.2.50).

Chief Sanitary Inspector: (de) JOHN H. WRIGHT, M.B.E.

Deputy Chief Sanitary Inspector: (def) R. G. EVANS.

Sanitary Inspectors:

(def) G. J. ALIEN (to 9.7.50).	(de) E. F. KELLY.
(deg) J. H. MORRIS. (to 21.9.50).	(de) J. K. INMAN (from 10.7.50).
(d) L. G. FRANCIS.	(dg) N. W. E. COX.
(d) R. G. MARSHALL	(dg) A. E. SIGGERS.
(to 30.11.50).	

Pupil Sanitary Inspector: G. E. HAYNE (from 25.9.50).

Secretary: (d) GEORGE H. ROE.

Clerical Staff:

(h) J. B. CHAPLIN, Chief Clerk (to 15.1.50).	FLORENCE E. HOWLETT (i/c S.M.S.).
(h) T. RYDER, Chief Clerk (from 16.1.50).	A. J. WARD, Senior Clerk (from 16.1.50).
FRANCES K. CALLARD (i/c M.C.W.).	T. A. GROSVENOR (H.M.F. 10.5.49).
EVELYN M. SMITH (M.O.H.'s Secretary).	JEAN HALL (to 23.9.50).
LILIAN PARISH.	T. P. JONES (H.M.F. 24.4.50).
KATHLEEN L. WHISTON.	CYNTHIA J. LANE (to 26.2.50).
ANNE ASTON.	MARGARET MORRIS (from 7.11.50).
WINIFRED BATSFORD (to 25.6.50).	P. OWEN (from 8.5.50).
J. E. BEDDALL (to 13.10.50).	MONICA G. PARKES (from 17.2.50).
F. A. COLLETT.	PHYLLIS P. WHITE (24.7.50—18.11.50).
M. H. CRITCHLEY.	MARY L. WHITEHOUSE.
JANE M. G. DONOGHUE (to 27.8.50).	R. WOOLLEY (from 24.4.50).
BARBARA R. EDGINGTON.	CLARE YARNELL (from 7.12.50).
IDA FAULKNER (from 28.8.50).	

Telephonist and Receptionist:

MRS. J. WOTHERSPOON.

Duly Authorised Officer: (i) W. A. HARNDEN.

Nursing Staff:

Superintendent Health Visitor: (abc) MISS E. WILLIAMS.

Health Visitors:

(abc) MISS H. OWEN (to 30.4.50).	(abc) MISS M. P. O'KEEFFE.
(abc) MISS J. E. ACKERS.	(abc) MISS E. A. ROBERTS.
(abc) MISS J. HIGH.	(abc) MRS. D. GRAINGER.
(abc) MISS M. WAINWRIGHT.	(abc) MRS. M. TAYLOR (to 31.3.50).
(abc) MISS M. JOSE	(abc) MISS M. ADAMS (from 2.5.50).
(abc) MISS M. E. CURRAN (from 16.9.50).	(abc) MISS F. HUGHES (from 30.5.50).
(abc) MISS D. HUNT (from 2.5.50).	(abc) MISS W. KENNY (from 24.4.50).
(bc) MISS G. MAY (from 31.5.50).	

Student Health Visitor: MISS M. RITCHIE (from 18.9.50).

Clinic Nurses:

(ab) MRS. B. E. SMITH.	MRS. H. M. WARNER.
(ab) MISS G. E. CLARKE.	(ab) MRS. W. M. CAVE (to 27.12.50).

The work of these Health Visitors and Nurses is divided between the Health and Education Committees.

Municipal Midwives:

NURSE A. GROSVENOR.	NURSE M. A. KING.
NURSE L. JACQUES.	NURSE D. MAYBURY (to 5.6.50).
NURSE N. O. SCRIVENS.	NURSE M. S. FLETCHER.
NURSE B. EWINGS.	NURSE I. BANNER.
NURSE L. CHATWIN.	NURSE W. B. ROWE (from 8.5.50).

Home Nurses:

(b) MISS H. M. DAVIS.	(b) MRS. M. A. WORRALL.
	MRS. E. B. WEAVER.

Home Nurses (Part-time):

(a) MRS. E. G. WINNETT.	(aj) MRS. S. F. HUTCHINSON.
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Chiropodists:

(k) MISS A. M. DOBSON.	(k) J. BEAUMONT.
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Matron of "The Hollies": (ab) MISS A. M. ROBINSON.

Matrons of Day Nurseries:

Norman Road	(bl) MRS. M. BARRASS.
Brasshouse Lane	MISS I. M. CLARK (to 23.8.50).
	MRS. E. MILWARD
	(from 12.10.50).
Edgbaston Road	MISS M. E. GRIFFIN (to 10.3.50).
	MRS. G. M. LITTLER
	(from 20.3.50).

Ambulance Officer: A. F. BEACON.

Assistant Ambulance Officer: C. R. TWYXCROSS.

Public Analyst: F. C. D. CHALMERS, M.A., B.Sc., F.I.C.

- a State Certified Midwife.
- b State Registered Nurse.
- c Health Visitor's Certificate.
- d Sanitary Inspector's Certificate of the R.S.I. and S.I.E. Joint Board.
- e Meat and Food Inspector's Certificate of the R.S.I.
- f Smoke Inspector's Certificate of the R.S.I.
- g Certificate in Sanitary Science.
- h Diploma in Public Administration.
- i Certificate of the Poor Law Examination Board.
- j Registered Sick Children's Nurse.
- k Member of the Chiropody Society.
- l Registered Fever Nurse.

County Borough of Smethwick

PUBLIC HEALTH DEPARTMENT,
" THE UPLANDS,"
HALES LANE,
SMETHWICK.
May, 1951.

*To the Mayor, Aldermen and Councillors for the
County Borough of Smethwick.*

MR. MAYOR, LADIES AND GENTLEMEN,

One of the most characteristic aspects of advancing age is the pleasant habit of dwelling nostalgically on the past, glossing over its tribulations and trials and clothing its early events with a veneer of glamour. It is in such a mood that I venture to draw your attention to one or two aspects of public health about twenty years ago.

Twenty years ago, diphtheria was a dangerous and deadly disease, and in Smethwick it attacked 281 persons of whom 21 died. Scarlet fever, though it caused few deaths, was equally prevalent, and whooping cough exacted a heavy toll. Tuberculosis killed 69 persons, and the infectious disease hospital in Holly Lane was a "going concern."

This hospital has accommodation for just over 100 patients in six pavilions, of which three were built between the two wars. These three pavilions are mainly isolation wards and almost half the accommodation of the hospital is in single or two-bedded wards. One of the two original large pavilions has been partitioned by overhead scaffolding and curtains rendering bed isolation and privacy much easier. The hospital is well equipped, modern and up-to-date, and all it lacks is patients. It is interesting and agreeable to contrast the picture of twenty years ago with the picture to-day. For the doctor there was always an interesting and varied selection of children, and indeed adults, suffering from diphtheria and scarlet fever, and the bed occupation was high. Nowadays,

although the population served by the hospital has increased from 120,000 to 200,000, we cannot secure sufficient admissions during most of the months of the year to fill one single block, apart from tuberculosis.

Those were the days! The medical staff of the institution had an interesting and an exciting time, dealing with and treating diphtheria in particular. Patients were on the whole very ill, and on numerous occasions had to have the operation of tracheotomy performed in order to prevent death from suffocation. Few specialists in infectious diseases will ever forget the excitement and thrill which those operations always caused, and the gush of gratitude on the part of the parents which invariably followed the cure of their child. There was always plenty to do in the institution and although there was always anxiety, the æsthetic satisfaction of successful treatment was the rich reward for the labours of the doctors and nurses.

Those were the days! For whom? For the doctors, of course. Not for the patient, oh! no, not for the patient! For them, the toll of suffering and of pain was considerable. For the relatives the anxiety was poignant, and the thrill of satisfaction which was received when their child returned home was one which they would willingly have denied themselves could they have succeeded in preventing their child from suffering from the disease. In street after street, in ward after ward in the town this disease exacted its toll and only within the last few years has the menace been virtually overcome.

In Smethwick during 1950 there was not a single case of diphtheria.

The satisfaction of the public health medical staff for this state of affairs is very real but perhaps not so satisfying as the thrill obtained from the spectacular results of a hastily performed operation. Nowadays our association with diphtheria is in our clinics and schools and homes, jabbing needles into the arms of children.

It is not spectacular, it is not exciting, but it is killing diphtheria.

SMALLPOX.

During the first 29 years of the present century there were 4,729 cases of smallpox in England and Wales and during this period there was not a single year during which the country was free

from this disease. At the present time, smallpox is so rare that the occurrence of a single case produces headlines in the papers, and panic in the town in which it was diagnosed. The entire staff of the public health department would be mobilised on the occurrence of a single case of smallpox in the area. The isolated epidemics of the last few years have been kept down to very small numbers and the epidemic stamped out in a very few weeks. All this is of negative satisfaction. Very few people are grateful for what does not happen, and it is difficult, if not impossible, to raise enthusiasm for measures of precaution against any disease, the danger of which is not obvious and apparent at the moment.

THE FUTURE

Officers of the health authorities may look back upon the history of the past half century with some considerable satisfaction, and may reasonably claim that they have contributed much towards the reduction of both illness and death from infectious diseases. This satisfaction is apt to become smug when one realises the amazing extent of the triumphs of preventive medicine during the past half century, and there is very great danger that the country as a whole may feel, especially in this period of financial and economic stress that the time has come to relax and count one's blessings.

From this sensation of self satisfaction, the public health officers are likely to be rudely awakened if they turn their thoughts for a moment to the immense amount of sickness and death which is still occurring and which is indeed, increasing in other branches of medical work. We cannot hide from or escape our responsibilities under the banner "I am not my brother's keeper" for it is surely our work to reduce the toll of disease from whatever cause, and even though our main occupation in the past has been with *infectious* diseases, there is no reason why we should not turn our attention to the greater amount of disease which is not bacterial in origin.

The child of to-day is undoubtedly stronger, healthier and more robust and possesses more endurance than his parents or grandparents but it is also painfully evident that many new diseases or new plagues are on the increase. The incidence of gastric and duodenal ulcers and intestinal complaints, the alarming and steady increase in food poisoning, in exophthalmic goitre, of diabetes and rheumatism, is spectacularly high. The stress diseases such as high blood pressure, coronary thrombosis, cerebral hæmorrhage, etc., which were rare half a century ago, are now very common. Many

of these new diseases do not kill; indeed the majority of people do not die of the diseases from which they suffer; for example, a person who has suffered from rheumatism all his life may well die of cancer, heart disease, tuberculosis or from a road accident. The non-killing diseases, however, such as rheumatism and gastritis cause an immense amount of sickness and incapacity.

The windows of the chemists' shops mirror the health of the public, and the astonishing display of aspirin and its substitutes, of digestive powders, pills and tablets of all types, sizes and colours show only too clearly the wide extent of disorders of the muscles, nerves, stomach and other organs. How many persons carry as the normal furniture of their pockets or handbags small bottles of aspirin or bismuth or soda-mint?

The Ministry of Health has been carrying out for some years investigations into the amount of sickness amongst the population and it is surprising to note the extent of this. Much of the illness is trivial, but in the age groups from 16—64 during a period of twelve months, no fewer than 37% of the men and 45% of the women under observation felt sufficiently ill to consult a doctor, and this incidence is not declining. What is the cause of this immense amount of illness at the present time? Why has the fall in the incidence of infectious diseases not been paralleled by a fall in non-bacterial diseases? The problem is a complex one and in the main, the increase in these non-bacterial illnesses is probably due to the increasing complexity of modern industrial and social conditions.

It cannot be doubted that the psychological strain upon the majority of workers in this country is immensely greater than it was one hundred years ago. The time when the tempo of life was matched by the speed of the pedestrian or the horse and buggy has gone for ever, and a considerable amount of both mental and physical agility is necessary during all waking hours, even to preserve one's life. A century ago, a walk along the road wrapt in contemplation might well have brought an æsthetic reward, but in the present days of mechanical transport would stigmatise the individual as a jay walker and might well cause him injury to life or limb. The complexity of modern tools means that more care must be taken to safeguard oneself from injury, and the mechanical belt system of teamwork imposes a psychological strain on every member. The fact that many processes are carried out by mass production and on a pre-arranged system which takes from the individual worker the satisfaction of feeling that he is a craftsman

has also had its effect, and the pride of achievement which was a characteristic of bygone days is now more difficult to obtain and for many industrial processes is not even within reach of the keenest worker.

The lessening of this valuable sense of creative craftsmanship combined with shorter hours of work have produced another problem, the problem of utilisation of leisure, and it is perhaps unfortunate that the most popular and most frequently sought types of occupation during leisure hours are themselves noisy and restless.

Furthermore, the radio and television have not brought rest within the home.

DEATH ON THE ROADS.

“ A casualty list more bloody than that of most military campaigns in history has been kept up for years and shows no signs of disappearing from the grim recurrence of official statistics.”

The above quotation from the “ Times ” of the 9th November, 1950, brings to our notice a problem, the neglect of which is one of the most surprising features of modern life.

For generations we have bent our attention and devoted our skill in health departments to the reduction and eradication of infectious diseases and we can reasonably claim that we have been successful, but we are in danger of losing our sense of proportion. The recent outbreak of infantile paralysis created in the country a sense of fear almost amounting to a creeping paralysis which haunted every mother in the epidemic areas. This disease, however, killed 655 persons in England and Wales during 1949, but road accidents, which seldom cause headlines in the papers, carried away no fewer than 4,773 victims. Infantile paralysis, in its year of heaviest incidence in England and Wales, namely in 1947, afflicted 7,668 persons, but no fewer than 166,199 persons were killed or injured in road accidents. There is no doubt that future generations will look back as critically on our attitude of the 20th century as we now look back on the plague carts and the murderous sanitation that past generations took for granted.

The remedy for this state of affairs is not easy to state, but the education of the public in the dangers run is of the greatest importance, and their conscience must be aroused to the magnitude

of this vast massacre of valuable citizens. This social cancer which has produced within a single generation 150,000 deaths in England and Wales and which last year killed about 5,000 persons, cries out for attention and solution.

ACCIDENTS IN THE HOME.

Ghastly though the slaughter on the roads appears, it is surpassed in intensity by the number of deaths in the home. No fewer than 7,883 persons died from accidents in and about the home in 1946, and of these, about 2,000 were children. Dr. C. A. Boucher of the Ministry of Health estimates the total number of injuries per year from accidents in the home at 60,000.

Previous to the present century there were few wars which could claim a casualty list so great.

The toll of death from burns, scalds and fires, could surely easily be reduced by a little care. Suffocation of the young child is common and causes over 800 deaths per year, of which, in 1949, 556 were children under the age of one year.

The most important factor in home accidents is carelessness but there are other tendencies which make life in the home more dangerous. The first of these is the increased tempo of life, domestic as well as industrial, and an undue haste to get things done. The father's dinner to get ready, the need to send the daughter or son out at a given time, the desire to catch the 'bus for the first or second house of the pictures or the theatre, the necessity to reach the dance or "the dogs" at a given time, all these tend to make the day one long rush. The increase in the employment of married women in industry means less time for and less attention given to home duties. Another important factor is the increasing complexity of the equipment of a modern home. Electricity brings its extra dangers, father's amateur fixing of electric points, big brother's repair of the radio without switching off, mother's carelessness with the electric iron which so easily slips from its stand, and the never ending tragedy of the electric heater in the bathroom, all provide their share. Gas, too, can be a source of great danger.

The baby in the busy home where the mother has many domestic chores, needs constant watching; the unguarded fire place, the tug at the tablecloth pulling a tea-pot of boiling liquid on to his head, may pass unnoticed until too late.

CONCLUSION.

In the past, in the field of infectious diseases, although he received great help from the engineer and from the statesmen, the sanitarian could claim to have made a considerable contribution towards the eradication of these epidemic diseases, but the tasks for the future are not so smooth. The responsibility for co-operation between a large number of different types of worker, and the tasks of reducing the hazards to life which have been outlined above, do not rest mainly with the medical profession or with local authorities; nevertheless it is only the local authorities, aided and encouraged by the central government departments who can tackle these problems and see that the right teams are brought together so that the tasks to be achieved are understood by all and the methods of dealing with the problems are those which are likely to bring the best and quickest results.

The field of preventive medicine has reached the end of the beginning. The tasks lying before us are even greater than those overcome in the past. Let us bend our efforts and strive to deserve the success which our forebears enjoyed.

* * * * *

In conclusion, I should like to thank the Chairman and members of the Health Committee for their sympathetic encouragement and help, and my own staff and colleagues for their generous assistance. Successes in preventive medicine are due to the co-operation, teamwork and comradeship between the members of the local authority and its officers.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient servant,

HUGH PAUL, M.D., D.P.H.

Medical Officer of Health.

Annual Report for 1950

GENERAL STATISTICS.

AREA: 2,500 acres.

POPULATION: Census, 1931—84,406.

Estimated pre-war: 78,290.

Estimated civilian population 1950: 77,370.

RATEABLE VALUE: April, 1950: £438,755.

Census, 1951—76,397.

ESTIMATED PRODUCT OF A PENNY RATE: £1,720.

RATES IN THE £: 17/-d.

ESTIMATED NUMBER OF HOUSES IN THE BOROUGH: 21,765.

EXTRACTS FROM VITAL STATISTICS.

		1949	1950
BIRTHS: Males	...	696	612
Females	...	633	582
		<u>1,329</u>	<u>1,194</u>
Illegitimate Births included in above			
total	...	66	40
Birth-rate per 1,000 population	...	17.1	15.43
DEATHS: Males	...	492	483
Females	...	484	402
		<u>976</u>	<u>885</u>
Death-rate per 1,000 population	...	12.6	11.4
INFANT DEATHS: Males	...	26	21
Females	...	29	15
		<u>55</u>	<u>36</u>
Infant Mortality: Legitimate	...	37.2	30.3
Illegitimate	...	121.2	25.0
		<u>41.3</u>	<u>30.0</u>
Deaths of Infants under			
4 weeks	...	28	22
Neo-Natal Mortality	...	21.0	18.4

DEATHS FROM:					No.	1949 Rate per 1,000 population	No.	1950 Rate per 1,000 population
Enteric Fever ...	...	...	...	...	—	—	—	—
Measles ...	...	...	...	...	1	0.01	—	—
Whooping Cough ...	...	...	...	...	2	0.02	—	—
Diarrhoea & Enteritis (under 2 years)					8	0.13	4	0.05
Diphtheria ...	...	...	...	...	—	—	—	—
Scarlet Fever ...	...	...	...	...	—	—	—	—
Influenza ...	...	...	...	...	20	0.25	9	0.11
Cancer ...	...	...	...	...	160	2.06	161	2.08
Respiratory Diseases ...	...	...	...	...	129	1.66	112	1.44
Pulmonary Tuberculosis ...	...	...	...	...	45	0.58	44	0.56
Other forms of Tuberculosis ...	...	...	...	...	5	0.06	2	0.02
Cerebro-Spinal Fever...	...	...	...	...	—	—	—	—
Acute Poliomyelitis ...	...	...	...	...	—	—	5	0.06
Acute Infective Encephalitis ...	...	...	...	...	1	0.01	2	0.02
Road Traffic Accidents ...	...	...	...	...	2	0.02	6	0.07
Suicide ...	...	...	...	...	7	0.09	7	0.09
Other violent causes ...	...	...	...	...	15	0.19	10	0.12

BIRTH-RATES, CIVILIAN DEATH-RATES, ANALYSIS OF MORTALITY, MATERNAL MORTALITY AND CASE-RATES FOR CERTAIN INFECTIOUS DISEASES IN THE YEAR 1950

	Smethwick	England and Wales	126 County Boro's and Great Towns including London	148 Smaller Towns (Resident Population 25,000 to 50,000 at 1931 Census)	London Administra- tive County
Rates per 1,000. Home Population :—					
BIRTHS:					
Live Births	15.43	15.8	17.6	16.7	17.8
Still Births	0.25	0.37	0.45	0.38	0.36
DEATHS:					
All Causes	11.4	11.6	12.3	11.6	11.8
Typhoid and Paratyphoid	—	0.00	0.00	0.00	0.00
Whooping Cough... ..	—	0.01	0.01	0.01	0.01
Diphtheria	—	0.00	0.00	0.00	0.00
Tuberculosis	0.58	0.36	0.42	0.33	0.39
Influenza	0.11	0.10	0.09	0.10	0.07
Smallpox	—	—	—	—	—
Acute Poliomyelitis (including Polioencephalitis)	0.09	0.02	0.02	0.02	0.01
Pneumonia	0.50	0.46	0.49	0.45	0.48
NOTIFICATIONS (Corrected):					
Typhoid Fever	—	0.00	0.00	0.00	0.00
Paratyphoid Fever	—	0.01	0.01	0.01	0.01
Meningococcal Infection	0.01	0.03	0.03	0.02	0.03
Scarlet Fever	1.28	1.50	1.56	1.61	1.23
Whooping Cough... ..	4.48	3.60	3.97	3.15	3.21
Diphtheria	—	0.02	0.03	0.02	0.03
Erysipelas	0.13	0.17	0.19	0.16	0.17
Smallpox	—	0.00	0.00	—	—
Measles	4.14	8.39	8.76	8.36	6.57
Pneumonia	0.94	0.70	0.77	0.61	0.50
Acute Poliomyelitis (including Polioencephalitis)	0.20	0.13	0.12	0.11	0.02
Paralytic	0.05	0.05	0.05	0.06	0.05
Non-paralytic	0.11	0.17	0.16	0.14	0.25
Food poisoning	—	—	—	—	—
Rates per 1,000 Live Births :—					
DEATHS :					
All causes under 1 year of age... ..	30.0	29.8 (a)	33.8	29.4	26.3
Enteritis and Diarrhea under 2 years of age	3.2	1.9	2.2	1.6	1.0
Rates per 1,000 Total (Live and Still) Births :—					
NOTIFICATIONS (Corrected):					
Puerperal Fever and Pyrexia	2.47	5.81	7.43	4.33	6.03

(a) Per 1,000 related live births.

MATERNAL MORTALITY

	Rates per 1,000. Total (Live and Still) Births		Rates per million women aged 15-44
	Smethwick	England & Wales	England & Wales
651 Abortion with Sepsis	—	0.09	7
650. 652 Other abor- tion	—	0.05	4
640-649. 670-678 Complication of pregnancy and de- livery	0.80	0.54	—
681 Sepsis of child- birth and the puer- perium	—	0.03	—
680. 682-689 Other complications of the puerperium	—	0.15	—

REVIEW OF VITAL STATISTICS IN SMETHWICK DURING THE PAST 25 YEARS.

Death rate per 1,000

Year	Birth rate per 1,000	Death rate per 1,000	Infant mor- tality rate per 1,000 births	Zymotic death rate	Respiratory diseases	Pulmonary Tuberculosis	Non- Pulmonary Tuberculosis	Cancer
1926	18.35	10.39	65.86	0.37	1.88	0.79	0.10	1.26
1927	17.0	11.9	78.6	0.61	2.26	0.84	0.05	1.19
1928	17.1	10.0	63.0	0.28	1.52	0.69	0.10	1.11
1929	17.8	13.4	79.8	0.70	2.58	0.95	0.12	1.23
1930	18.0	10.4	66.4	0.41	1.17	0.67	0.11	1.28
1931	18.0	11.2	69.6	0.57	1.63	0.62	0.10	1.24
1932	15.2	10.5	78.4	0.23	1.36	0.52	0.09	1.53
1933	14.4	10.8	62.0	0.16	1.60	0.62	0.05	1.44
1934	15.7	10.6	56.9	0.22	1.60	0.57	0.14	1.20
1935	14.7	11.1	60.9	0.31	1.10	0.59	0.06	1.56
1936	15.5	10.5	59.9	0.18	1.60	0.54	0.02	1.47
1937	14.6	11.5	52.5	0.27	1.64	0.70	0.02	1.35
1938	15.3	11.0	62.2	0.25	1.28	0.70	0.10	1.59
1939	14.8	10.7	54.5	0.26	1.04	0.52	0.05	1.79
1940	15.3	14.0	41.9	0.14	2.72	0.61	0.07	1.86
1941	15.09	13.9	60.0	0.18	2.10	0.84	0.06	1.89
1942	17.2	12.0	54.5	0.16	1.81	0.70	0.08	1.92
1943	18.6	13.08	64.5	0.24	2.03	0.84	0.05	2.15
1944	20.6	12.2	45.0	0.26	1.14	0.80	0.07	2.05
1945	18.6	12.8	50.4	0.08	1.53	0.79	0.08	1.99
1946	20.09	12.28	50.1	0.18	1.62	0.73	0.05	1.94
1947	21.2	11.7	42.9	0.11	1.33	0.67	0.13	1.75
1948	18.8	10.98	28.9	0.02	1.32	0.62	—	2.03
1949	17.1	12.6	41.3	0.14	1.66	0.58	0.06	2.06
1950	15.4	11.4	30.0	0.05	1.44	0.56	0.02	2.08

INCIDENCE OF INFECTIOUS DISEASE.

SCARLET FEVER.

The incidence of, and mortality from, scarlet fever during the past five years is as follows:—

Year	Cases Notified	Attack rate per 1,000 population	Number of deaths	Case mortality per cent.
1946	148	1.98	—	—
1947	89	1.17	—	—
1948	119	1.54	—	—
1949	113	1.46	—	—
1950	99	1.28	—	—

DIPHTHERIA.

The incidence of, and mortality from, diphtheria during the past five years is as follows:—

Year	Cases Notified	Attack rate per 1,000 population	Number of deaths	Case mortality per cent.
1946	33	0.44	2	6.06
1947	13	0.17	—	—
1948	4	0.05	—	—
1949	12	0.15	—	—
1950	—	—	—	—

The number of children immunised during the past four years is as follows:—

	1947	1948	1949	1950
Under five years of age.....	895	1,132	1,087	627
From five to fifteen years ...	1,013	808	943	121
	<hr/>	<hr/>	<hr/>	<hr/>
	1,908	1,940	2,030	748
	<hr/>	<hr/>	<hr/>	<hr/>

In addition 1,034 children received reinforcing injections during 1950.

At the 31st December, 1950, it was estimated that 3,482 of the child population under five, and 14,247 children from five to fifteen were protected against diphtheria.

TYPHOID AND PARATYPHOID FEVER.

No notifications of typhoid or paratyphoid fever were received during the year.

CEREBRO-SPINAL FEVER.

One case of cerebro-spinal fever was notified: the patient recovered. There was one non-fatal case in 1949 and during 1948 two cases were notified and both recovered.

WHOOPIING COUGH AND MEASLES.

There was an increase in the number of cases of whooping cough notified during the year, the attack-rate being 4.48 per 1,000 of the population, compared with 3.60 in the whole country. There were no fatal cases. The notifications of measles showed a sharp decline with an attack-rate of 4.14 per 1,000 compared with 8.39 per 1,000 for England and Wales. There were no deaths.

	Cases Notified			Attack-rate		
	1950	1949	1948	1950	1949	1948
Whooping Cough....	347	222	436	4.48	2.86	5.65
Measles	321	1,009	873	4.14	13.03	11.32

FOOD POISONING.

Nine notifications were received during the year of which five were isolated cases over the year. In June there was a small outbreak affecting four persons in one family. Owing to the very prompt action of a local practitioner we were informed of the suspected poisoning almost immediately after the patients had been taken ill, and within an hour the M.O.H. and Chief Sanitary Inspector were able to trace the source of the poisoning to some salted pork tongues which had been prepared in Cirencester and sent to Smethwick. We were fortunate in being able to obtain samples of the unconsumed food, and to seize the remaining consignment from the retailer before he had an opportunity of selling it to other customers. Our haste was fully justified as bacteriological examination of the food showed an extremely heavy contamination by coagulase-positive staphylococci which would certainly have caused violent sickness and diarrhoea in a large number of persons in Smethwick.

DYSENTERY.

An outbreak of Sonne dysentery occurred in the Sandwell ward of the town commencing in the middle of December, 1949, and continuing for about three months. In all 79 cases were confirmed.

The outbreak came to the notice of the Health Department from a report that there were one or two cases of diarrhoea in the nursery school. An exhaustive investigation of the matter revealed a number of further cases in the district most of which were in persons not attending and not connected with the nursery school. The source of the epidemic was never conclusively proved, but there was some evidence to suggest that a man of unhygienic habits who was subsequently found to be suffering from Sonne dysentery had been one of the persons responsible for its spread in the early days. The cases were so mild that control was difficult and it was felt that there were many other cases occurring in the Borough in addition to those actually ascertained. Eventually, the epidemic died out.

It is interesting to note that the day nursery situated in the middle of the ward and within 100 yards of the nursery school had only one case during the entire epidemic.

POLIOMYELITIS.

The epidemic of poliomyelitis which was such a feature of the epidemiological history of this country during 1950 affected Smethwick early in the season, and of 24 cases in all, 7 died—an unusually high proportion. Two of these latter were polioencephalitis and the remaining 5 were paralytic poliomyelitis. The age incidence of causes of death is shown in the table on the next page. It is of interest to note that only one of the seven deaths was a child under 5 years of age and four amongst school children. This age incidence is in conformity with the general trend throughout the country.

NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS) DURING THE YEAR 1950

Disease	TOTAL CASES NOTIFIED										TOTAL DEATHS						
	Age Groups										Age Groups						
	All ages	0-1	1-3	3-5	5-10	10-15	15-25	25-45	45-65	65 and over	All ages	0-1	1-5	5-15	15-45	45-65	65 and over
Smallpox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric or Typhoid Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Paratyphoid Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	99	...	3	19	54	15	3	4	1	4	...	...	...	...	...	...	...
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas	11	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Pyrexia	3	...	...	...	...	...	2	1	3	1	...	...	...	...	...	...	...
Ophthalmia Neonatorum	2	2	...	...	...	...	2	1	...	...	...	...	...	...	...	...	...
Cerebro-spinal Fever	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute Encephalitis	2	...	2	...	...	...	...	...	...	...	2	...	2	2	...	...	...
*Acute Poliomyelitis...	22	1	7	5	2	3	4	...	...	...	5	1	2	2	...	...	...
Malaria...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dysentery	79	4	21	21	4	10	7	7	3	2	...	...	...	...	...	...	...
Acute Pneumonia	73	1	9	5	6	1	4	10	14	23	39	4	...	...	...	8	26
Whooping Cough	347	34	105	86	119	1	2	...	...	...	...	...	...	...	...	...	...
Measles...	321	14	95	83	119	8	1	1	...	...	...	...	...	...	...	...	...
Food Poisoning	9	...	1	...	1	...	1	2	4	...	...	...	...	...	...	...	...
Totals	969	56	243	219	305	39	26	26	26	29	46	4	1	4	3	8	26
*Paralytic	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	16
Non-paralytic	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6

VACCINATION.

The Council's Scheme under Section 26 of the National Health Service Act, 1946, provides for the performance of vaccination by general practitioners taking part in the Authority's scheme, as well as for special sessions for infant vaccination to be held at Child Welfare Centres or other centres if found necessary.

Two hundred and thirty-nine primary vaccinations were carried out by private practitioners, and at thirteen special sessions, 201 primary vaccinations were carried out by the Department's medical officers.

The following is a record of the vaccinations carried out during the year ended 31st December, 1949 (corrected for late reports) and 1950.

	Primary Vaccinations		Re-Vaccinations	
	1949	1950	1949	1950
Children under one year ...	438	348	—	—
Children aged 1—4 years...	26	38	2	1
Children aged 5—14 years ...	9	20	2	—
Persons over 15 years of age	14	34	90	46
	<hr/> 487	<hr/> 440	<hr/> 94	<hr/> 47

For some little time after the "appointed day" the demand for vaccination was very small, but there are signs of the numbers increasing again. Steps are being taken to ensure that the advisability of vaccination is brought to the notice of the parents of newly-born children, and the latest figures show that the acceptance rate has now (June, 1951) reached over 50 per cent.

VENEREAL DISEASES.

Returns from the treatment centre at the General Hospital, Birmingham, show the number of Smethwick patients dealt with for the first time as under:—

	1946	1947	1948	1949	1950
Syphilis	33	19	21	11	17
Gonorrhœa	42	26	38	26	13
Conditions other than Venereal ...	140	107	106	101	90
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Totals	215	152	165	138	120
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

TUBERCULOSIS.

NOTIFICATIONS.

The following table shows the notifications received and the attack rate with the deaths and death-rate for each year since the commencement of the Public Health (Tuberculosis) Regulations, 1912:—

		Notifications received:		Attack Rate per 1,000 of the population:		Deaths		Death-rate	
		Pulmon-ary	Other forms	Pulmon-ary	Other forms	Pulmon-ary	Other forms	Pulmon-ary	Other forms
1913	...	318	50	4.3	0.68	64	20	0.87	0.27
1914	...	143	167	1.9	2.2	84	14	1.15	0.19
1915	...	229	103	3.1	1.4	79	15	1.09	0.21
1916	...	204	117	2.6	1.4	91	12	1.16	0.15
1917	...	206	126	2.6	1.6	103	6	1.31	0.07
1918	...	194	80	2.5	1.0	97	11	1.27	0.14
1919	...	260	60	3.5	0.8	87	9	1.19	0.12
1920	...	146	31	1.9	0.4	62	24	0.81	0.31
1921	...	88	14	1.1	0.18	53	17	0.68	0.22
1922	...	112	17	1.4	0.2	61	25	0.78	0.32
1923	...	80	18	1.02	0.2	73	14	0.93	0.17
1924	...	110	18	1.39	0.2	53	14	0.67	0.17
1925	...	74	24	0.9	0.3	61	19	0.77	0.24
1926	...	94	16	1.2	0.2	61	8	0.79	0.10
1927	...	87	38	1.1	0.49	65	4	0.84	0.05
1928	...	73	25	0.8	0.29	59	9	0.69	0.10
1929	...	108	34	1.2	0.4	81	11	0.95	0.12
1930	...	76	19	0.89	0.22	57	10	0.67	0.11
1931	...	80	29	0.93	0.33	53	9	0.62	0.10
1932	...	65	20	0.76	0.23	44	8	0.52	0.09
1933	...	55	16	0.64	0.19	53	5	0.62	0.05
1934	...	72	19	0.85	0.22	48	12	0.57	0.14
1935	...	95	19	1.15	0.23	49	5	0.59	0.06
1936	...	81	21	0.99	0.25	44	2	0.54	0.02
1937	...	77	4	0.95	0.04	57	2	0.70	0.02
1938	...	78	20	0.97	0.25	56	8	0.70	0.10
1939	...	89	15	1.11	0.19	40	4	0.52	0.05
1940	...	52	15	0.72	0.20	44	5	0.61	0.07
1941	...	83	10	1.15	0.14	61	5	0.84	0.06
1942	...	102	28	1.40	0.38	51	6	0.70	0.08
1943	...	92	20	1.27	0.27	61	4	0.84	0.05
1944	...	126	17	1.74	0.23	58	5	0.80	0.07
1945	...	151	26	2.1	0.37	57	6	0.79	0.08
1946	...	149	16	2.00	0.21	55	4	0.73	0.05
1947	...	165	12	2.18	0.15	51	10	0.67	0.13
1948	...	216	14	2.80	0.18	48	—	0.62	—
1949	...	182	15	2.35	0.19	45	5	0.58	0.06
1950	...	179	11	2.31	0.14	44	2	0.56	0.02

TUBERCULOSIS.

The following table shows the total NEW CASES, i.e., all PRIMARY NOTIFICATIONS and also NEW CASES coming to the knowledge of the Medical Officer of Health from the death returns, transfers from other areas, etc.

AGE PERIODS.	1950						1949						1938					
	Pulmonary.			Other forms.			Pulmonary.			Other forms.			Pulmonary.			Other forms.		
	M		F	M	F		M	F		M	F		M	F		M	F	
0 to 1	1	1	1	1	—		2	—		—	—		1	—		—	—	
1 to 5	8	6	6	1	2		11	9		2	2		—	—		—	—	
5 to 10	25	19	19	1	—		9	15		1	1		—	4		—	—	
10 to 15	7	7	7	—	1		11	17		1	2		—	1		3	—	
15 to 20	6	5	5	—	—		6	12		1	—		6	4		2	2	
20 to 25	6	11	11	—	1		5	8		—	1		5	6		2	1	
25 to 35	11	16	16	—	3		12	15		1	1		12	12		—	2	
35 to 45	13	4	4	2	—		10	6		1	—		7	4		2	2	
45 to 55	7	4	4	—	—		11	7		—	—		8	3		—	1	
55 to 65	16	2	2	—	—		10	3		1	—		7	5		1	1	
65 to 75	7	1	1	—	—		6	2		—	—		1	—		—	1	
75 upwards	1	1	1	1	1		—	—		—	—		—	—		—	—	
Totals	108	77	77	6	8		93	94		8	7		47	39		10	10	

The discrepancy between the number of new cases and the number of notifications received

The deaths from tuberculosis during 1949 and 1950 are shown as follows:—

AGE PERIODS.	1949				1950			
	Pulmonary		Other forms		Pulmonary		Other forms	
	M.	F.	M.	F.	M.	F.	M.	F.
0 to 1	—	—	—	—	—	—	—	—
1 to 5	—	—	1	1	—	—	—	1
5 to 15	—	—	—	—	—	—	—	—
15 to 45	12	9	1	1	14	8	—	—
45 to 65	16	5	1	—	16	3	—	—
65 upward	3	—	—	—	3	—	—	1
TOTALS ...	31	14	3	2	33	11	—	2

The number of cases remaining on the Dispensary Register on 31st December, 1950, was 1,028.

Pulmonary—Males ...	338	Non-Pulmonary—Males ...	16
Females...	240	Females...	21
Children..	304	Children..	109
	<u>882</u>		<u>146</u>

Attendances at the Chest Clinic were as under:—

			1948	1949	1950
Total attendances ...	...	...	6,395	7,348	8,010

First Examinations ...	...	...	970	1,005	1,050
Re-examinations ...	...	...	3,101	2,648	2,659
Consultations ...	...	...	2,324	3,695	4,301
Mantoux Tests ...	...	...	239	318	374
Artificial-pneumothorax ...	...	...	1,295	1,016	861
Gold Treatment ...	...	...	52	6	10
Number of X-ray examinations ...	...	...	2,468	2,313	2,512

Visits to patients at home:—

(a) By Health Visitor	...	...	650	850	950
(b) By Clinical T.O.	...	...	208	198	175
Patients admitted to Sanatoria	...		125	105	138
Patients discharged from Sanatoria	...		120	94	98
Patients died in Sanatoria	...	...	20	17	9
Patients remaining in Sanatoria at end of year	...	...	45	39	70

TABLES SHOWING ADMISSIONS to, and DISCHARGES from, SANATORIA during the Year 1950.

NAME OF INSTITUTION	Number of Cases in Sanatorium on January 1st, 1950.				Number of Cases admitted during 1950.				Cases discharged or transferred to the Chest Clinic.				Number of Deaths			Number of Cases in Sanatorium on December 31st, 1950.			
	Males	Females	Children	Total	Males	Females	Children	Total	Males	Females	Children	Total	Males	Females	Children	Males	Females	Children	Total
Holly Lane Hospital ...	14	2	...	16	53	25	3	81	35	16	2	53	6	3	...	26	8	1	35
Romsley Hill Sanatorium ...	3	5	...	8	15	24	...	39	13	18	...	31	...	...	...	5	11	...	16
Crossley Sanatorium, Cheshire ...	4	4	...	8	1	1	...	2	1	1	...	2	...	...	...	4	4	...	8
Creaton Sanatorium, N'thampton	1	..	...	1	1	...	...	1	1	...	...	1	...	...	...	1	...	...	1
Royal Nat. Sanatorium, Ventnor..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
The Woodlands, Northfield ...	...	1	...	1	...	...	1	1	...	1	...	1	...	...	...	...	...	1	1
The Forelands, Bromsgrove ...	...	...	3	3	...	...	1	1	...	...	1	1	...	...	...	...	...	3	3
Yardley Green Sanatorium ...	...	...	2	2	8	4	1	13	5	4	...	9	...	...	...	3	...	3	6
Totals ...	22	12	5	39	78	54	6	138	55	40	3	98	6	3	...	39	23	8	70

RETURN SHOWING THE WORK OF THE DISPENSARY during the Year 1950.

DIAGNOSIS.	PULMONARY.				NON-PULMONARY.				TOTAL.				Grand Total
	Adults		Children		Adults		Children		Adults		Children		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
A. (1) Number of definite cases of Tuberculosis on the Dispensary Register at the beginning of the Year	345	245	117	130	28	38	59	51	373	283	176	181	1013
(2) Transfers from Authorities of areas outside that of the Council or Board during the Year	4	6	...	...	1	1	1	...	5	7	1	...	13
(3) Lost sight of cases returned during the Year ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
B. Number of New Cases diagnosed as tuberculous during the Year	36	22	38	28	...	...	...	...	36	22	38	28	124
(1) Class T.B. minus	24	14	...	...	...	...	...	...	24	14	...	...	38
(2) Class T.B. plus ... ..	...	...	...	...	2	5	2	1	2	5	2	1	10
(3) Non-pulmonary ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
C. Number of cases included in A. and B. written off the Dispensary Register during the Year as:—	32	24	3	1	14	19	2	2	47	43	5	3	98
(1) Recovered	32	13	...	...	1	1	...	1	33	14	...	1	48
(2) Dead (all causes)	6	10	3	2	...	3	...	...	6	13	3	2	24
(3) Removed to other Areas ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
(4) For other reasons ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
D. Number of definite cases of Tuberculosis on the Dispensary Register at the end of the Year	338	240	149	155	16	21	60	49	354	261	209	204	1028

Dr. Russell has furnished the following report on the work of the Chest Clinic during 1950.

" 1950 was another busy year at the Chest Clinic. At the end of the year the number of cases on the register was 1,028, a slight increase over the 1949 figure of 1,013. The number of deaths had fallen from 64 to 48, and 98 patients were discharged off the register as cured. Again more than 1,000 new cases were examined and more than 2,500 chest X-ray films were taken, of which, 1,043 were new patients. This large amount of work was performed by the same Clinic Staff.

" During the year a second Ward at Holly Lane Hospital was made available and there are now 38 beds for adults and 4 cots used for tuberculosis cases. This has made it possible to offer a treatment bed to a fresh patient immediately on diagnosis, and in Smethwick there is no need to use Streptomycin or other specialised treatment in the patient's home. There is no waiting list except for major thoracic surgery. Such cases are admitted to Yardley Green Hospital usually in less than six months, and minor thoracic surgery cases are as a rule admitted in seven to 14 days.

" The Smethwick doctors make full use of the Chest Clinic service, and are alive to the importance of early diagnosis, and there is equally good co-operation from patients' families in attending regularly for " contact " examination.

" The rehabilitation and training courses provided by the Ministry of Labour have enabled a great number of patients in the recovery stage to learn a new trade and obtain employment in occupations more suited to their physical condition. One Smethwick patient is working in the ' Remploy ' factory at Sheldon, but a ' sheltered factory ' of this type is needed nearer to this area. Hostel accommodation is also required.

" During 1950 B.C.G. vaccination was not used in Smethwick, but a trial scheme for adolescent school leavers is planned for 1951 in co-operation with the Medical Research Council.

" In order to help children showing evidence of primary tuberculosis to resist and overcome their infection, full use has been made of the Council's free milk scheme. On the Tuberculosis Register there are many children in whom the " primary infection " has been discovered at an early age. This is in the main due to careful contact examination repeated regularly. With good social conditions these children recover completely without any

special medical treatment. Only in exceptional cases is it necessary to advise a period in hospital, and in most cases even the Open Air School is not indicated. Largely due to improving hygiene in the home and at school, and to the pasteurisation of milk, cases of tuberculosis neck glands, tuberculosis bone and joint disease are now comparatively rare.

“ Provided the standard of social conditions continues to rise, tuberculosis will decline. While the number of known cases may remain high as a result of better diagnosis, patients will be found at an earlier stage of the disease and, with appropriate treatment, the number of infectious cases will fall. Already the mortality rate is declining. In Smethwick, satisfactory housing is a major difficulty and rightly priority in rehousing is only given to families with an open infectious case in the house. During the year some such families have been given better accommodation, but many more are still waiting. It has long been my view that the answer to the tuberculosis problem is not ‘ bigger and better sanatoria ’ but ‘ bigger and better houses.’ Unfortunately, at present, the National Health Service places emphasis on the treatment of disease and neglects prevention which really is much more important.

“ In December, an offer from the Swiss Red Cross to take 15 Smethwick children to Switzerland for a period of four months (January to May, 1951) was accepted, and from a total of over 200 eligible children on the Tuberculosis Register a short list of 39 was drawn up, and the final selection of 15 was made by a Swiss lady doctor who came here for that special purpose. It was a generous offer, and the children should benefit mentally and physically from their stay in Switzerland.

“ There is a lot of work done at the Chest Clinic which cannot be recorded in statistics. It takes time and patience and a lot of human understanding, and I can only say how much I appreciate the continuous and spontaneous co-operation of my staff, Miss Sharpe, Miss Underhill and Miss Allibone.”

A. WILSON RUSSELL.

INFANTILE MORTALITY DURING THE YEAR 1950.

CAUSE OF DEATH	0-1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 4 weeks	1-2 mths	2-3 mths	3-4 mths	4-5 mths	5-6 mths	6-7 mths	7-8 mths	8-9 mths	9-10 mths	10-11 mths	11-12 mths	Total
Sarcoma of ulna	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
Meningitis, purulent	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Bronchitis	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1
Broncho-pneumonia	...	...	...	...	...	...	...	...	1	1	1	...	...	...	...	...	3
Lobar Pneumonia	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Diarrhoea and Enteritis	...	...	...	...	...	...	1	1	...	...	...	1	...	1	...	...	4
Congenital hydrocephalus	1	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	2
Spina Bifida	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Other Congenital Malformations	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Premature Birth	12	...	...	...	12	...	...	...	...	...	...	...	...	...	...	...	12
Injury at Birth	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Intracranial Haemorrhage	1	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	1
Atelectasis	1	...	...	1	2	...	...	...	...	...	...	...	...	...	...	...	2
Icterus Neonatorum	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Erythroblastosis	3	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	3
Asphyxia	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	2
TOTALS :—	19	2	...	1	22	1	3	2	3	1	1	1	...	1	...	1	36

MOTHERS AND CHILDREN.

NOTIFICATION OF BIRTHS.

The number of births notified during the past five years under Section 203 of the Public Health Act, 1936, as adjusted by transferred notifications, was as follows:—

	1946	1947	1948	1949	1950
Live Births ...	1,489	1,605	1,465	1,327	1,197
Still Births ...	25	43	31	27	21
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	1,514	1,648	1,496	1,354	1,218
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

Comparison with the returns of the local Registrar shows that very few births escape notification.

ANTE-NATAL CLINICS.

Since the establishment of the first Ante-Natal Clinic in 1920, the total attendances have been as follows:—

1920	42	1935	5,169
1921	107	1936	5,044
1922	127	1937	5,201
1923	241	1938	6,226
1924	275	1939	6,739
1925	537	1940	6,336
1926	1,015	1941	7,221
1927	1,079	1942	8,526
1928	1,465	1943	8,988
1929	2,253	1944	10,093
1930	3,760	1945	7,452
1931	3,859	1946	9,755
1932	3,509	1947	10,766
1933	3,771	1948	11,599
1934	4,312	1949	8,935
		1950	7,325

During the year 1950, 943 individual women attended the clinic (628 for the first time), compared with 1,224 in 1949, 1,506 in 1948, 1,667 in 1947, and 1,793 in 1946.

POST-NATAL CLINIC.

Statistics for the past five years show:—

	1946	1947	1948	1949	1950
Individual patients attending	465	580	592	403	302
Percentage of notified births	30.7	35.2	39.5	29.3	24.8
Total attendances	1,498	1,078	1,416	746	414

MIDWIFERY AND MATERNITY SERVICES.

The Council employs nine municipal midwives, and these undertake all the domiciliary cases in the area. During the year they attended 459 cases, in 316 cases as midwives and in 143 cases as maternity nurses. Statistics for the past five years are as under:

	1946	1947	1948	1949	1950
Number of bookings ...	740	751	677	598	496
Ante-natal visits ...	4,068	3,379	4,089	3,973	2,975
Cases attended... ..	654	734	632	531	459
Nursing visits	14,351	15,782	14,990	12,738	11,544

The number of cases in which medical aid was sought during 1945 was 155; in 1946, 184; in 1947, 184; in 1948, 163; in 1949, 80; and in 1950, 37.

All our midwives are qualified to administer gas and air analgesia; nine sets of apparatus are available, and were used in 204 cases during the year.

Pupil midwives taking Part II training at St. Chad's Hospital are received on the district by four midwife-teachers on the staff of the Department for periods of three months domiciliary training. Twelve such pupils were received during the year.

DENTAL TREATMENT.

Dental Service provided under Section 22 (N.H.S. Act) for the year ending 31st December, 1950.

(a) Number provided with Dental Care

Patient	Examined	Needing Treatment	Treated	Made Dentally fit
Expectant and Nursing Mothers	579	450	179	142
Children under five	386*	215	179	175

* Includes 222 examinations in Day Nurseries.

(b) Forms of Dental Treatment provided

Patient	Extractions	Anæsthetics		Fillings	Scalings and/or Gum Treatments	Silver Nitrate Treatments	Dressings	X-Rays	Dentures	
		Local	General						Complete	Partial
Expectant & Nursing Mothers	390	2	90	159	48	—	8	—	37	20
Children under five	480	—	168	13	8	21	11	—	—	—

Number of Sessions—Inspection Day Nurseries 8
Treatment (including Inspection of Expectant and Nursing Mothers) 126

Mr. Littlefield has furnished the following report on the treatment of expectant and nursing mothers and young children during the year.

“ I have pleasure in submitting my report on the dental services provided by the Authority under Section 22 of the National Health Service Act. There was a noticeable decrease during the year in the number of expectant mothers presenting themselves for dental inspection. This was caused to some extent by a change in the arrangements for their medical examination which involved a special visit to the Clinic for inspection by the Dental Officer. I have no doubt that in many cases this was inconvenient and was responsible for their non-attendances.

“ The following table gives an analysis of the inspections:—

Inspected	Sound	Referred	Private Practitioner	Refused Treatment	Broken Appointment
580	130	450	159	33	90

“Although the percentage requiring treatment was approximately the same as last year, there was a distinct improvement in the dental condition generally. There were very few grossly neglected mouths and in many cases there was substantial evidence of conservative treatment. The number of dentures supplied was 57, an increase of 24 over last year.

“ The procedure with regard to the inspection and treatment of children under 5 has been continued. The following table gives an analysis of the inspections carried out in the Day Nurseries:—

Day Nursery	Inspected	Sound	D.N.R.*	Referred	Acceptances
Edgbaston Road (3 Inspections)	78	52	1	25	7
Norman Road (1 Inspection)	30	20	—	10	5
Brasshouse Lane (3 Inspections)	114	53	43	18	4
Total ...	222	125	44	53	16

*Defective—not referred

“ Of the 222 examined, 170 were divided into their respective age groups and their dental condition assessed as shown in the following table:—

	2 yrs.	3 yrs.	4 yrs. & over
No. of Children Examined ...	40	79	51
No. of Children with complete dentitions free from caries ...	21	44	17
No. of Decayed Teeth	56	112	86
No. of Missing Teeth	2	18	45
No. of Filled Teeth	—	5	7

“ I regret to say that the acceptance was low (30%) and the attendance even lower. There are, I think, two main reasons for this. Firstly, the mothers of these children are out working and are therefore unable to take them to the Clinic and secondly, most of them are not interested in having treatment for their children at this early age unless there is pain.

“ Pre-school children attending the Clinics as casuals numbered 164, of whom 162 required treatment—mostly extractions under general anæsthesia. In addition “ under 5's ” attending the Edith Sands Nursery School and the Nursery Classes in the Primary Schools were also inspected and treated. The figures, however, are included in the returns for these schools, and not in this report.

“ My thanks are due again to the staff of the Public Health Department, the Welfare Centres, the Ante-Natal Clinics and Day Nurseries for their co-operation during the year.”

GEORGE J. S. LITTLEFIELD,

Senior Dental Officer.

INFANT WELFARE CENTRES.

The number of centres provided and maintained by the Council is seven, with ten sessions weekly; the total attendance during the past five years was:—

			Under 1 year	1—5 years	Total
1946	...	...	20,804	5,097	25,901
1947	...	...	22,279	3,606	25,885
1948	...	...	21,755	3,326	25,081
1949	...	...	19,180	3,032	22,212
1950	...	...	17,879	3,766	21,645

				1949	1950
Number of children attending for the first time	Under 1 year	...	1,082	978	
	1—5 years	...	94	91	
			<hr/>	<hr/>	
			1,176	1,069	
			<hr/>	<hr/>	
Number of children on the registers at end of year	Under 1 year	...	989	789	
	1—5 years	...	1,600	1,305	
			<hr/>	<hr/>	
			2,589	2,094	
			<hr/>	<hr/>	

The number of children under one year who attended for the first time equalled 83.3 per cent. of the live births in 1946, 82.7 per cent. in 1947, 81.8 per cent. in 1948, 81.5 per cent. in 1949 and 81.77 per cent. in 1950.

CARE OF PREMATURE INFANTS.

During the year 1950 notification was received of 87 babies who weighed $5\frac{1}{2}$ lbs. or less at birth. Of these 27 were born at home, and 60 in hospital. Seventeen of those born at home survived at the end one month; one died between the second and seventh day, and ten were transferred to hospital. Of the babies born in hospital 46 survived at the end of one month; nine died during the first 24 hours.

Special provision is made for the conveyance of premature infants to hospital by the Borough Ambulance Service.

The follow-up of infants discharged from hospital is secured through the Obstetrics Officer in St. Chad's Hospital, who is also Medical Supervisor of Midwives, and who, as a member of the Public Health Department Staff, is also in close touch with the Health Visitors whom he instructs.

CARE OF ILLEGITIMATE INFANTS.

The Council has an arrangement with the Smethwick Branch of the Birmingham Diocesan Council for Moral Welfare, and makes a financial grant. The local authority and the Diocesan Council work very closely together, and the scheme provides for complete liaison. Fourteen cases were dealt with during the year.

OPHTHALMIA NEONATORUM.

	1947	1948	1949	1950
Number of cases notified	9	10	6	2
Cases treated by health visitors ...	1	—	1	—
Number of cases treated at Eye Hospital	9	9	1	2
Cases resulting in impaired vision ...	—	—	—	—
Home visits	19	29	7	7

Notifications during the past ten years:—

1941	14	1946	16
1942	8	1947	9
1943	8	1948	10
1944	9	1949	6
1945	8	1950	2

HEALTH VISITING.

The establishment comprises a Superintendent and nineteen health visitors, who are also school nurses, but staff shortage has continued during the year and only sixteen were actually employed at the end of the year, devoting to health visiting (all classes) the equivalent of the whole time services of ten health visitors.

The six students who were trained last year all qualified and joined the permanent staff during 1950. A further student is at present in training in association with the Birmingham Public Health Department, and there is one vacancy.

The number of visits paid during the year was:—

1.	To Expectant Mothers	...	...	First visits	...	413
				Total visits	...	561
2.	To Children Under One year of Age			First visits	...	1,173
				Total visits	...	7,913
3.	To Children Between One and Five...			First visits	...	2,029
				Total visits	...	14,568
4.	To Other Classes	...	...	First visits	...	1,714
				Total visits	...	2,754

The total number of visits paid by the nurses in 1938 and in each of the last five years is as follows:—

1938	.....	18,899	1948	.....	19,017
1946	.....	19,355	1949	.....	15,616
1947	.....	15,987	1950	.....	27,117

DAY NURSERIES.

The three nurseries have been maintained during the year providing a total of 129 places, 29 for children up to 2 years of age, and 100 for children from 2—5 years.

The total attendances during the year show a decrease at 28,793, a daily average (excluding Saturdays) of 114 compared with 32,165, an average of 126 in 1949, and 34,366, an average of 135 in 1948. The attendances at Brasshouse Lane particularly were affected by an acute shortage of staff during several months of the year. The number of individual children on the registers at the end of the year was 134, 12 under 2 years and 122 from 2—5 years. There is a long waiting list at each nursery, but all priority cases were admitted and the list contains the names of children whose mothers wish to go out to work for financial reasons only.

Nursery	No. of Places	Total Attendances 1950	Average daily Attendances	Total Attendances 1949	Average daily Attendances
Brasshouse Lane	45	8,784	35	10,770	42
Edgbaston Road...	49	11,160	44	13,059	51
Norman Road ...	35	8,849	35	8,336	33
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	129	28,793	114	32,165	126
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

" THE HOLLIES."

This home for children, situated in Coopers Lane, combines prevention, care, and after-care. Children from one to twelve years are received, especially those who are predisposed to disease, and those convalescing after hospital treatment.

The home has thirty beds, and is staffed by a Matron, Sister and six Nurses. Those children of school age who are fit to attend school, go to the Firs Open-Air School, adjoining " The Hollies," but take their meals and sleep in the home.

Children are usually referred by the doctors at our clinics, or direct from the hospitals. Recommendations from the family doctor are also welcomed.

Details of admissions and discharges during the year 1950 are shown below:—

Condition	In- Patients 1/1/50	Admitted		Discharged		Re- main- ing 31/12/50
		Under School Age	School Age	Under School Age	School Age	
Rheumatism	1	—	1	—	1	1
Chorea	—	—	7	—	6	1
Marasmus	—	1	—	—	—	1
Malnutrition	—	2	2	1	1	2
Asthma	3	—	2	—	5	—
Bronchitis	—	2	1	1	1	1
Pre-Tuberculous ...	1	2	5	1	4	3
Convalescence	—	1	1	1	1	—
Others	1	3	10	3	9	2
Cases admitted on behalf of Chil- dren's Committee	8	28	17	26	17	10
Other authorities...	5	—	14	—	16	3
	—	—	—	—	—	—
	19	39	60	33	61	24
	—	—	—	—	—	—

Residence in the Hollies represented 8,917 patient days during the year, a daily average of 24.4 compared with 7,689 patient days, a daily average of 21 in the previous year.

CARE OF CHILDREN.

Miss M. J. Abbott, the Children's Officer, has kindly supplied the following report on the work of her Committee on behalf of the children coming under their care:—

“The Children Act of 1948 gave wide powers to local authorities to enable them to care for children deprived of a normal home life. Not only can the authority take under care children whose parents are dead, ill or homeless, but if, owing to any other circumstances, the child needs care, he or she can now receive it without delay.

“Children committed to the care of the local authority under the Children and Young Persons Act, 1932, have exactly the same care provided for them as children under care under the Children Act.

“The following table gives an indication of the number of children under care at the inception of the Children's Department at the end of 1948, compared with the numbers as at 31st December, 1950:—

1. CHILDREN UNDER CARE:

	Dec. 1948	Dec. 1950
Children deserted by their parents ...	7	10
Children who are part of homeless families	3	19
Children whose parents are incapable of caring for them	19	30
Children whose parents are ill ...	6	13
Children whose parents are dead ...	5	11
Children who come from unsatisfactory homes	—	9

2. COMMITTED TO THE CARE OF THE LOCAL AUTHORITY:—

Committed because of neglect by parents	21	18
Committed because of child's unsatisfactory behaviour	4	6

“Children coming under care for such a variety of reasons and from both good and bad homes are not easily accommodated straight away. It is for this reason that the Home Office has stressed the urgent need for Reception Homes. In these Homes it is hoped that not only can the child be given a kindly welcome, but the potentialities of his character estimated and sound plans for his future made.

“ The County Boroughs of Smethwick and West Bromwich are to share a Reception Home now being built in West Bromwich. The home will provide accommodation for eight children and five babies from Smethwick.

“ Up-to-date, children have been boarded-out straight away whenever possible, or placed in Homes. The Wolverhampton Cottage Homes have been able to accommodate a weekly average of twenty children for Smethwick during the past two years.

“ The following table shows the accommodation provided for children in December, 1950, as compared with December, 1948:—

	Dec. 1948	Dec. 1950
Children Boarded-out	37	61
Children in Local Authority Homes	26	33
Children in Voluntary Homes ...	13	22

EMERGENCY AND TEMPORARY CARE:

“ The problem of taking children, especially babies, under care with no Home in the Borough (and the Wolverhampton Cottage Homes, more often than not, unable to supply a vacancy), has been met by the Health Committee's generous agreement to offer up to 12 vacancies to deprived children in “ The Hollies ” Home for Children, and by the gradual recruitment of 12 excellent foster-mothers who will accept temporary children in emergency circumstances.

“ Seventy-five children have been admitted to “ The Hollies,” five of these on more than one occasion, owing to the unhappy mischances befalling their families.

“ Seventy-eight children including 55 babies under three years of age have been placed in temporary foster-homes. Many of these little ones have had to be cleaned up and clothed before they could be introduced to the foster-home, and we are very much indebted to the Health Department for speedy and kindly assistance over the matter of inspection and cleansing.

“ Many of these babies have had absolutely no training, and the difficulties facing those who have to look after them can well be imagined.

“ THE TOWERS ” CHILDREN'S HOME.

“ The Children's Committee, realising the urgent need for a small Children's Home, have purchased “The Towers,” 3, Sandwell

Road, Handsworth, with the consent and approval of the Home Office. The house, although near a main Birmingham highway, is pleasantly situated. It stands well back from the road, and has a good garden suitable for children's games.

“ Plans are being made for the accommodation of fourteen children up to the age of 15 in this Home. It is hoped that a married couple will run it with the help of an assistant and a daily worker.

“ Everything possible will be done to make “ The Towers ” a real homely place, especially for children, who for various reasons cannot be boarded-out speedily. It is hoped that the Home will be opened in the Festival Summer of 1951.

VOLUNTARY HOMES :

“ Voluntary Homes have played an important part in helping the Committee to care for children with special needs. Dr. Barnardo's Homes have welcomed physically handicapped children, together with homeless children who could not be accommodated locally. The Salvation Army, Church Army and Church of England Diocesan Committees have provided training Homes for difficult girls. These girls have been happy during their residence in the Homes, and have benefited greatly from the guidance they have received.

CHILDREN UNDER SUPERVISION :

“ The welfare of children “ supervised ” by the Children's Department is guarded as closely as the welfare of children under care, the only difference being that statutory help with maintenance and clothing is not provided for children falling under these headings :—

Children placed for adoption	...	...	...	9
Children placed in a foster-home by their parents				7
Children committed to the care of the local authority, but allowed to return home	...			7

“ In two cases it became apparent that care rather than supervision was needed, and with the co-operation of the foster-parents the Children's Committee took on the added responsibility.

“ We find that parents are often satisfied with homes of a very poor standard, and much tact and patience are needed if the placing arrangements are to be preserved and the standard raised.

JUVENILE DELINQUENCY:

"Since April, 1950, the work in connection with the appearance of children before the Juvenile Court has been the responsibility of the Children's Committee. In co-operation with the Education Committee, reports have been presented to the Magistrates on 87 cases.

"These cases have been dealt with in various ways, and 41 children have been fined, 8 discharged, 21 placed on probation, 7 ordered to report at the Attendance Centre which was opened in August, 1950, 4 committed to Approved Schools, 4 sent to a Remand Home for 28 days' detention, and 2 committed to the care of the local authority.

"When children are committed to Approved Schools, detailed reports concerning the child and the family circumstances are forwarded to the Home Office, who then select a suitable school.

CONCLUSION.

"In spite of the many difficulties which daily beset the members of the Children's Department, our task is essentially a very happy one. We would like to thank the Chairman and Members of the Children's Committee for their sympathetic understanding of our many problems and their constant support. The happiness which we are able to bring to children and parents is only made possible through close co-operation with the other departments of the local authority, the Police, Probation Officers, and Voluntary Agencies of many kinds. Our gratitude for their unfailing and willing help we offer as a conclusion to this short report on the first years of the Children's Committee."

M. JOAN ABBOTT,

Children's Officer.

OTHER PUBLIC HEALTH SERVICES.

MENTAL HEALTH.

On the 5th July, 1948, all duties relating to mental treatment and mental deficiency, together with care and after-care of persons suffering from mental illness and defectiveness, were taken over by the Health Department. One Duly Authorised Officer was appointed and a member of the administrative staff acts as his deputy.

After-care work is undertaken in respect of male patients by the Duly Authorised Officer, and in respect of female patients by one of the Health Visitors. The number of discharges from mental hospitals during the year was 80; of these 35 accepted after-care, 16 declined after-care and 10 did not reply to our invitation. Sixteen returned to hospital for further treatment. During the year 413 visits were made by the department's officers.

The following table gives details of the admission and discharges of mental patients during the year:—

Mental Hospitals	No. of Patients 1/1/50	Admissions		Deaths	Dis- charges	No. of Patients 31/12/50
St. Matthew's,						
Burntwood	203	1	—	6	5	193
Winson Green	6	1	18	—	17	8
Cheddleton	10	—	1	1	—	10
Highcroft Hall,						
Erdington	23	56	26	15	45	45
New Cross (observ- ation Wards) ...	17	—	—	7	10	—
Barnsley Hall	1	—	1	—	2	—
Stafford	1	—	—	—	—	1
Burghill, Hereford..	8	—	—	1	—	7
County and City of						
Hereford	3	—	—	—	—	3
West Ham, Essex..	5	—	—	—	—	5
Park Prewett, Hants.	1	—	—	—	—	1
Cambridgeshire,						
Fulborn	1	—	—	—	—	1
Newport Borough,						
Mon.	1	—	—	—	—	1
East Riding, Beverley	1	—	—	—	—	1
Rubery	1	—	—	—	—	1
Hollymoor	—	1	1	—	1	1
	<hr/> 282	<hr/> 59	<hr/> 47	<hr/> 30	<hr/> 80	<hr/> 278
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

MENTAL DEFICIENCY ACTS, 1913 to 1938.

The following is an extract from the return of Mental Defectives as on 1st January, 1951:—

	M.	F.	Total
1. Number of Ascertained Mental Defectives found to be "subject to be dealt with":—			
(a) In Institutions (including cases on licence therefrom):			
Under 16 years of age	5	5	10
Aged 16 years and over	46	40	86
(b) Under Guardianship (including cases on licence therefrom):			
Under 16 years of age	1	—	1
Aged 16 years and over	6	7	13
(c) In "places of safety"	—	1	1
(d) Under Statutory Supervision (excluding cases on licence):			
Under 16 years of age	10	4	14
Aged 16 years and over	67	56	123
(e) Action not yet taken under any one of the above headings	—	—	—
TOTAL ascertained cases found to be "subject to be dealt with"	135	113	248
No. of cases included in (b) to (e) above awaiting removal to an Institution ...	—	1	1
2. Number of Mental Defectives not at present "subject to be dealt with," but over whom some form of voluntary supervision is maintained:—			
Under 16 years of age	1	—	1
Aged 16 years and over	53	43	96
TOTAL number of mental defectives (1) plus (2)	189	156	345
3. Number of Mental Defectives receiving Training:—			
(a) In day-training centres:			
Under 16 years of age	—	—	—
Aged 16 years and over	—	—	—
(b) At home	—	3	3
TOTAL	—	3	3

PARTICULARS OF CASES REPORTED DURING THE YEAR 1950.

	M.	F.	Total
I. ASCERTAINMENT.			
(a) Cases reported by Local Education Authorities (Section 57, Education Act, 1944):—			
(i) Under Section 57 (3)	5	2	7
(ii) Under Section 57 (5):—			
On leaving special schools	11	8	19
On leaving ordinary schools	1	—	1
(b) Other ascertained defectives reported during 1950 and found to be "subject to be dealt with"	3	7	10
<hr/>			
TOTAL ascertained defectives found to be "subject to be dealt with" during the year	20	17	37
(c) Other reported cases ascertained during 1949 who are not at present "subject to be dealt with"	—	—	—
<hr/>			
TOTAL number of cases reported during the year	20	17	37
<hr/>			

2. DISPOSAL OF CASES REPORTED DURING THE YEAR:—

(a) Ascertained defectives found to be "subject to be dealt with":			
(i) Admitted to Institutions	3	2	5
(ii) Placed under Guardianship	—	—	—
(iii) Taken to "places of safety"	—	—	—
(iv) Placed under Statutory Supervision	16	14	30
(v) Died or removed from area	1	1	2
(vi) Action not yet taken	—	—	—
TOTAL ascertained defectives found to be "subject to be dealt with" (to agree with the total of (1) (a) (1) (b) above	20	17	37
(b) Cases not at present "subject to be dealt with":			
(i) Placed under Voluntary Supervision	—	—	—
(ii) Later found not to be defective	—	—	—
(iii) Died or removed from area	—	—	—
(vi) Action unnecessary	—	—	—
(v) Action not yet taken	—	—	—
<hr/>			
TOTAL cases not at present "subject to be dealt with" (to agree with the numbers entered under (1) (c) above)	—	—	—
<hr/>			

HOME VISITING OF MENTAL DEFECTIVES.

The number of cases under supervision is 234 and to these 942 visits were made during the year, 906 by the duly authorised officer and 36 by the health visitors.

AMBULANCE SERVICE.

The Council maintains a fleet of eight ambulances and three sitting case cars operated from the Borough Ambulance Station, Highway Garage, Londonderry Lane (Telephone SME 0674). A full day and night service is available to all Smethwick residents, without charge.

Particulars of the vehicles are as follows:—

Reg. No.	Make	H.P.	Type	Capacity	Year
DHA 444	Austin	24	Coachbuilt	1 stretcher	1936
CDG 55	Wolseley	25	Converted	2 stretchers	1938
DOE 165	Morris	18	Coachbuilt	1 stretcher	1938
FHA 384	Morris	26	Coachbuilt	2 stretchers	1939
HOJ 818	Austin	16	Coachbuilt	2 stretchers	1948
MHA 18	Austin	16	Coachbuilt	2 stretchers	1949
OHA 30	Daimler	27	Coachbuilt	2 stretchers	1949
OHA 500	Daimler	27	Coachbuilt	2 stretchers	1950
BHA 290	Morris	18	Saloon	3 seats	1936
MHA 396	Austin	16	Utility	3 seats	1949
OHA 554	Standard	16	Saloon	3 seats	1950

The whole-time staff, under the direction of the Medical Officer of Health, comprises an Ambulance Officer, Assistant Ambulance Officer, nine drivers and attendants, three whole-time and one part-time telephonist, and necessary domestic staff.

The service is manned by the paid staff from 6.30 a.m. until 7.30 p.m. During the night and at week-ends the vehicles are manned by volunteer drivers and attendants who are members of the British Red Cross Society and the St. John Ambulance Brigade; these volunteers are most punctual and regular in their attendance, and the standard of their service is exceptionally high. Our thanks are due to them for their public-spirited work.

The table below gives details of the work of the Ambulance Service during 1948, 1949 and 1950:—

Patients conveyed to or from:	1948	1949	1950
Accident Cases	582	748	735
Accident Hospital, Birmingham	2,711	3,463	4,008
Children's Hospital, Birmingham	75	57	105
Dudley Road Hospital, Birmingham	313	1,104	1,353
General Hospital, Birmingham	1,120	1,339	1,170
Queen Elizabeth Hospital, Birmingham	135	200	536
St. Chad's Hospital, Birmingham—Illness... ..	1,232	604	534
Maternity	1,169	791	803
Hallam Hospital, West Bromwich	38	37	92
West Bromwich & District General Hospital	163	183	142
New Cross Hospital, Wolverhampton	75	27	—
Holly Lane Isolation Hospital, Smethwick...	195	336	312
Smethwick Orthopædic Clinic	2,488	2,794	2,607
Removals in the Borough	95	49	37
Other Hospitals	949	1,131	1,498
	<hr/> 11,340	<hr/> 12,863	<hr/> 13,932
Number of journeys	5,652	6,701	7,623
Miles travelled	70,118	81,619	86,046
Motor spirit consumed	6,675	7,132	7,389
	gallons	gallons	gallons

HOME NURSING SERVICE.

The Council employs three whole-time and two part-time nurses for the nursing of patients in their own homes. The service is based on the Edward Cheshire Nurses' Home in Bearwood Road. One of the senior health visitors is seconded for the supervision of the service, along with the domestic help service.

Details of the work done during the year are as follows:—

Number of patients under care on 31.12.49 ...	67
New patients attended during the year ...	583
Number recovered or transferred to hospital	460
Number of deaths	115
Number of patients under care 31.12.50 ...	75
Visits paid by the nurses during the year ...	13,593

DOMESTIC HELP SERVICE.

It has been possible to expand considerably the service for providing help in the home during the year. At the end of the year we had twelve whole-time and eight part-time domestic helpers.

One hundred and thirty-seven cases were assisted, some for long periods. The conditions of patients for whom domestic help was provided are set out below:—

Confinement	...	...	...	...	33
Aged	...	...	...	...	35
Heart Disease	...	...	...	...	14
Post Operative	...	...	...	...	8
Arthritis	...	...	...	...	11
Tuberculosis	...	...	...	...	4
Respiratory Diseases	...	...	...	...	6
Cerebral Hæmorrhage, Hemiplegia and Thrombosis	...	...	...	...	13
Injuries	...	...	...	...	3
Carcinoma	...	...	...	...	1
Others	...	...	...	...	9
					<hr/> 137 <hr/>

CHIROPODY SERVICE.

Two fully trained chiropodists—one male and one female—are employed whole-time at the Cape Clinic. There is no charge for treatment, which is available to Smethwick residents of all ages.

The total attendances during 1950 were as follows:—

Children under 5 years of age	...	...	12
Children of school age	...	...	419
Expectant and nursing mothers	...	...	7
Other patients: Males	...	...	1,094
Females	...	...	6,514
Total	...	...	<hr/>8,046 <hr/>

CONVALESCENT TREATMENT.

Convalescent treatment was provided during the year for 43 patients on the recommendation of the hospital or family doctor, as under:—

Condition of Patient	Men	Women	Children	Total
Post Operative	4	8	4	16
Nervous Disorders	—	3	2	5
Heart Disease	—	1	—	1
Following Respiratory				
Infections	—	4	1	5
Debility	—	6	1	7
Cerebral Hæmorrhage	—	1	—	1
Thyrotoxicosis	—	2	—	2
Nephritis	—	—	1	1
Duodenal Ulcer	1	—	—	1
Diabetes	—	3	—	3
Pernicious Anæmia	—	1	—	1
	—	—	—	—
	5	29	9	43
	—	—	—	—

The undermentioned homes were used, the normal period of stay being two weeks:—

Gable House, Droitwich	15 cases
St. Luke's Home, Exmouth	6 „
Clevedon—"The Belmont" Home for Women	9 „
" The Victoria " Home for Men...	2 „
Small Lane Farm, Earlswood, Warwickshire	3 „
Llandudno Convalescent Home	2 „
Margaret Beavon Home, Pensarn	1 „
Grange-over-Sands Convalescent Home	1 „
" The House Beautiful," Bournemouth	1 „
Lloyd Kimpton Home, Exeter	1 „
Rotary Boys' Home, Weston-Super-Mare	1 „
St. Raphael's Home, Torquay	1 „
	—
	43
	—

LOAN OF SICK-ROOM EQUIPMENT.

In accordance with the Council's scheme under Section 28 of the National Health Service Act, 1946, sick-room equipment is available for needy cases from a store maintained at the Edward Cheshire Nurses' Home, Bearwood Road. Issues were made during the year to 259 persons, 443 articles being loaned as under:—

Air Rings	62
Bed Rests	62
Bed Tables	4
Bed Pans	98
Bed Cradles	10
Blankets	9
Breast Pumps	5
Beds, Hospital	4
Invalid Wheel Chairs	16
Douche Cans	—
Draw Sheets	3
Dunlop Rings	34
Feeding Cups	5
Mackintosh Sheeting	76
Mattresses	9
Pillows	8
Pyjamas	—
Syringes	—
Stool Commodes	3
Sputum Mugs	4
Sheets	3
Urinals	24
Walking Sticks	1
Bolster, Dunlopillo	1
Dressing gown	1
Bed screen	1

443

WELFARE SERVICES

The administration of the Council's Schemes under Sections 21, 29 and 30 of the National Assistance Act, 1948, is generally the responsibility of the Medical Officer of Health, and the work is carried out by Officers of the Public Health Department, integrated wherever possible with their duties under the Council's proposals for the administration of services under Part III of the National Health Service Act, 1946.

RESIDENTIAL ACCOMMODATION FOR AGED AND INFIRM PERSONS.

On the "appointed day" there was no accommodation provided by the Council, there being no existing Poor Law Institutions within the Borough. Arrangements existed, however, with the County Borough of Wolverhampton for the reception of Smethwick residents in the "Poplars" and "Bromley House" to a maximum of seventy, and with the County Borough of Walsall for a small number to be received at "Beacon Lodge." These arrangements have been continued, and individual cases have been admitted from time to time to accommodation provided by the City of Birmingham and other local Authorities.

A large house known as "Hill Crest," in Little Moor Hill, Smethwick (the generous gift of Mr. Arthur Mitchell) which had been used for some little time as a home for aged persons, was taken over with the consent of the Minister of Health for the purposes of Section 21 of the Act, and plans were prepared for an extension to give accommodation for twelve additional residents. At the time of writing, building operations are in progress and it is hoped that the extension will be completed by the end of the year. The present accommodation is for seventeen persons, who occupy seven double rooms and one single room, with a cottage for a married couple. A communal dining room and a large lounge are available on the ground floor, and there is a suitably equipped kitchen with Aga cooker, etc. The premises are centrally heated by a low pressure hot water system. There are residential quarters for the housekeeper. There is a large garden with spacious lawns, and a kitchen garden. The house is situated in a quiet residential district.

The Council also purchased a large house in Park Hill, Moseley, Birmingham, in September, 1949, and converted it into a home for nineteen aged persons of both sexes. Fortunately the amount of

structural alteration was not large, consisting mainly of the provision of additional baths and sanitary accommodation with additions to the cooking facilities. There is a large and very pleasant garden. The house was in excellent condition, and the purchase of existing carpets, curtains and other fittings facilitated the furnishing and equipping of the home. There is a dining room and large lounge on the ground floor, and six bedrooms, one of which is also on the ground floor. Three of the bedrooms have two beds, two have three beds, and one (formerly the billiard room) has seven beds. On the second floor are bed-sitting rooms for the housekeeper and assistant cook-housekeeper; other domestic staff are non-resident. The hall and dining room, and the largest bedroom, are heated by anthracite stoves, the lounge by a coal-coke fire, and the other bedrooms by electric convection heaters. As with "Hill Crest," this house is capable of extension, but the need is not urgent.

There was an increase in the number of persons for whom accommodation was provided during the year, and on 31st December, 1950, 80 persons were in residence. This number is considerably less than the number estimated to require accommodation at the time our schemes were formulated. The reasons for this are multiple, but an important factor is doubtless full employment.

The following table gives details of admissions to and discharges from residential accommodation during the year 1950:—

Accommodation	No. of Residents 1/1/50	Admission from		Discharges to		Deaths	No. of Residents 1/12/50
		Hospital	Home	Hospital	Home		
Hill Crest, Smethwick	12	2	10	6	4	—	14
Park Hill, Moseley	—	—	21	—	4	1	16
The Poplars, Wolverhampton ..	42	5	11	7	12	—	39
Bromley House, Wolverhampton ..	4	—	—	—	—	—	4
Beacon Lodge, Walsall	3	1	—	3	—	—	1
Birmingham Infirmary	1	1	—	—	1	—	1
Witton Hall, Birmingham	1	—	—	—	—	—	1
Quinton Hall, Birmingham	1	—	1	—	—	—	2
Solihull, Warwickshire	1	—	—	—	—	—	1
Stratford-on-Avon, Warwickshire	1	—	—	—	—	—	1
David Lewis Epileptic Colony, Manchester	1	—	—	—	—	—	1
	<u>67</u>	<u>9</u>	<u>43</u>	<u>16</u>	<u>21</u>	<u>1</u>	<u>81</u>

TEMPORARY ACCOMMODATION.

Temporary accommodation for persons in urgent need, e.g., following fire, flooding, or eviction, is available only at the "Poplars." In one case when a dwelling house was severely damaged by fire the family, man, wife and two young children, were accommodated for seven weeks at "Hill Crest." This was possible owing to the temporary vacancy of one room. In a number of cases temporary accommodation in the "Poplars" was refused, and the applicants eventually succeeded in securing accommodation in rooms. Most of the cases coming to our notice were, in fact, housing cases, whose needs could only satisfactorily be met by a family house.

CARE OF AGED PERSONS IN THEIR OWN HOMES.

The Domestic Help service and Home Nursing service are largely used by old people, for whom, of course, all the appropriate activities of the Health Department are freely available. A register of aged persons has been compiled and it is gratifying to find that the great majority have satisfactory accommodation and are able to look after themselves or are receiving all necessary attention from relations. The survey has, however, revealed quite a number of cases where assistance by the Department was helpful and appreciated.

The call for residential accommodation has not been so great as was anticipated; old people very naturally cling to their own homes as long as possible, and every effort is made to enable them to continue housekeeping as long as they are fit to do so.

The Housing Committee of the Council has made very generous provision for aged couples in ninety-eight bungalows on the Municipal Housing Estates, and further accommodation is planned. In addition there are seventeen alms-houses in Coopers Lane managed by the Harborne Parish Lands Trust.

The Sons of Rest have flourishing establishments in West Smethwick Park, Victoria Park, Lewisham Park and Lightwoods Park, within the Borough, and a "Darby and Joan Club" is held weekly at the old Vicarage of Holy Trinity Church.

REMOVAL OF PERSONS IN NEED OF CARE AND ATTENTION.

It was not found necessary during the year to take action under Section 47 of the Act. The Department is always reluctant to invoke these powers and they are not used if there is even a slender chance of ameliorating the conditions under which an old person is anxious to end his days.

PROTECTION OF PROPERTY.

Action under Section 48 of the Act to provide temporary protection for property of persons admitted to institutions was not called for during the year.

BURIAL OF THE DEAD.

In two cases during the year the Department took action under Section 50 of the Act for the burial of persons where no suitable arrangements had been made.

WELFARE OF OTHER HANDICAPPED CLASSES.

Apart from gathering information as to the number and the needs of other handicapped persons the Department has not taken any specific action under the provisions of the National Assistance Act. Large numbers of these persons have, of course, benefited from the appropriate services provided by the Department under Part III of the National Health Service Act and from the activities of various voluntary bodies serving the district; in particular crippled persons have continued to receive treatment and care from the Smethwick Orthopædic Clinic, a former voluntary body now taken over by the Birmingham Regional Hospital Board.

Mentally handicapped persons receive care and supervision from Officers of the Health Department, and physically handicapped children are the concern of the Maternity and Child Welfare and School Medical services of the Council.

WELFARE OF BLIND PERSONS.

The Council have made arrangements with the Birmingham Royal Institution for the Blind for promoting the welfare of blind persons for whom they are responsible. The institution maintains the Register of Blind Persons and provides all services, including home teaching, workshop employment, home employment, marketing of produce and general social welfare.

The classification of the Register as at 31st December, 1950, was as follows:—

	Males	Females	Total
Children at School—Day	2	—	2
Children at School—Resident	1	—	1
Adults in Training—Day	1	1	2
Workshop Workers	14	4	18
Workers in Sighted Industry... ..	2	1	3
Other Blind Employee	1	—	1
Unemployables at Home	36	34	70
Unemployables in Regional Board Hospital	—	4	4
Unemployables in Welfare Department Homes	2	—	2
	<hr/>	<hr/>	<hr/>
	59	44	103
	<hr/>	<hr/>	<hr/>

CLINICS AND TREATMENT CENTRES.

There are two comprehensive clinics, one at the "Firs," Coopers Lane, and the other at Cape Hill, in premises formerly belonging to the Birmingham General Dispensary. Both are staffed by doctors, dentists, nurses and other workers, and are open for the various services, as follows:—

Infant Welfare Centres.

The "Firs," Coopers Lane	...	Mon. and Thurs.	2—4 p.m.
Cape Hill	... ..	Tuesday	2—4 p.m.
		Wednesday	9—12 noon
Bearwood: Baptist Hall, Rawlings Road	... ..	Monday	2—4 p.m.
Warley: St. Gregory's Church Hall, Wigorn Road	...	Friday	2—4 p.m.
Londonderry: Community Hall, Hurst Road	... ..	Tues. and Thurs.	2—4 p.m.
Sandwell: St. Stephen's Church Hall, Cambridge Road	...	Wednesday	2—4 p.m.
Oldbury Road: Oldbury Road Schools	... ..	Friday	2—4 p.m.

Ante-Natal Clinics.

The "Firs":	Monday	9—12 noon.
	Tuesday	2—4 p.m.
	Wednesday	9—12 noon & 2—4 p.m.
	Friday	2—4 p.m.

Dental Inspection.

For Expectant and Nursing Mothers:—

Cape Hill: Monday morning.

All new Ante-Natal patients are inspected by the Dental Surgeon on Monday mornings, and appointments are made for treatment.

School Clinics.

Inspection Clinic.

The "Firs":	Tuesday	9.30—12 noon.
Cape Hill:	Wednesday	2—5 p.m.
	Friday	9.30—12 noon.

Treatment Clinic.

The "Firs":	Monday	9.30—12 noon.
	Tuesday	2—4 p.m.
	Wednesday	9.30—12 noon.
	Thursday	9.30—12 noon.
	Friday	9.30—12 noon.
Cape Hill:	Monday	9.30—12 noon.
	Tuesday	9.30—12 noon.
	Wednesday	9.30—12 noon.
	Thursday	9.30—12 noon.
	Friday	2—4 p.m.

Dental Clinic.

The " Firs " : Monday to
 Friday 9.30—12 noon & 2—5 p.m.

Gas Sessions Tuesday, Friday and Saturday mornings.

Casual patients seen from 9.15 to 10.15 a.m. Monday, Wednesday and Thursday.

Cape Hill : Monday to
 Friday 9.30—12 noon.

Gas Sessions Wednesday and Friday mornings.

Casual patients seen from 9.15 to 10.15 a.m. on Monday, Tuesday and Thursday.

Eye Clinic.

The " Firs " : Monday 2—4 p.m.
 Thursday 2—4 p.m.
 (By appointment).

Skin Treatment and Cleansing Clinic.

Cape Hill : Monday 9.30—12 noon.
 Tuesday 9.30—12 noon.
 Wednesday 9.30—12 noon.
 Thursday 9.30—12 noon.
 Friday 9.30—12 noon.

Ultra-Violet Light Clinic.

The " Firs " : Tuesday 9—12 noon.
 Friday 9—12 noon.

Chest Clinic.

The " Firs " : Monday 6—8 p.m. (Workers only).
 Tuesday 10—12 noon (Children only).
 Wednesday 2—4 p.m.
 Thursday 10—12 noon (Children).
 Thursday 2—4 p.m. (Treatment Clinic)
 (A.P. refills only).
 Friday 2—4 p.m.

X-Rays.

The " Firs " : Daily by appointment.

Foot Clinic.

Cape Hill : Daily by appointment.

Venereal Diseases Clinic.

General Hospital, Daily, 10—12 noon and 5—7 p.m.
Steelhouse Lane, (except Saturday and Sunday).
Birmingham. Saturday and Sunday, 10—12 noon.

REPORT OF THE CHIEF SANITARY INSPECTOR

SANITARY ADMINISTRATION

INSPECTIONS.

The visits paid by Sanitary Inspectors to all premises for all purposes are summarised in Table I. Although the visits on complaint were higher by 101 than in the previous year, the number of re-visits re Notices served was reduced by 2,000. This is a healthy sign. It means that the requirements of Notices are being complied more expeditiously than formerly, with a consequent reduction of the time lag between service of notice and remedy of defect. A reference to Table II bears this out for there it will be seen that the total number of defects remedied exceeds the number found by 683, i.e., 7,523 against 6,840. This overtaking of arrears implies also a reduction in the number of nuisances outstanding at any given time. It results too in economy of man power, for whereas in 1949 every house dealt with by service of notice had to have an average of 4.03 revisits made before the notice was finally marked off as complied, in 1950 this was reduced to 3.48 visits per house. This may seem a trivial reduction, being a mere half visit per house, but in the course of the year it resulted in a saving of 2,003 fruitless follow-up visits.

COMPLAINT RATE:

This year showed a slight rise in the complaint rate from 1,316 to 1,513. The figures for the last twenty-two years are given in the following table for purposes of comparison:

Average for 10 pre-war years	...	...	788
1939	...	...	667
1940	...	...	788
1941	...	...	673
1942	...	...	752
1943	...	...	1,015
1944	...	...	1,422
1945	...	...	1,480
1946	...	...	1,691
1947	...	...	2,049
1948	...	...	2,382
1949	...	...	1,316
1950	...	...	1,513

LEGAL PROCEEDINGS.

It was necessary to issue summonses for failure to comply with Abatement Notices in 61 cases during the year. These all had the desired results. That's to say, either the work was completed before the date of hearing, or the magistrates made Abatement Orders. Despite this, I regard these 61 cases as the department's failures. We take no pride at all in those results which are achieved only after recourse to court proceedings.

STAFF.

During substantially the whole of the year, eight inspectors have been at work, though not the same eight. Two district inspectors left to take up other appointments—Mr. G. J. Allen to Battle (Sussex) R. D. C. and Mr. J. H. Morris to Crewe. They were replaced by Mr. J. K. Inman and Mr. H. H. Bowes, both assistant sanitary inspectors.

CONCLUSION.

Although this report is again in condensed form, it is a record of satisfactory work efficiently performed, and my thanks for this are due to a loyal staff of zealous young men, all of whom have an interest in and enthusiasm for the work. Two who must be singled out for special thanks are my deputy, Mr. R. G. Evans, and my secretary, Miss L. Parish.

I gratefully acknowledge the support I have received throughout the year from the Chairman and Members of the Health Committee, from Dr. Paul in particular, and from the chief officers of all other departments.

JOHN H. WRIGHT,

Chief Sanitary Inspector.

SANITARY INSPECTION OF THE AREA.

SUMMARY OF INSPECTIONS.

The total number of visits paid to all premises for all purposes was 28,143. These inspections are summarised in the following table:—

TABLE I.

Inspections on Complaint	4,392
Re-visits re Notices Served	15,284
Inspections re Ashes Accommodation	616
Re-visits re Ashes Accommodation	643
Housing Act Inspections	5
Housing Act Re-visits	38
Dairies and Milk Shops	171
Overcrowding	459
Infectious Diseases	289
Markets Inspected	107
Food Inspections	278
Meat and Other Food Premises	1,595
Ice Cream Vendors	302
Food Sampling	490
Bakehouses	52
Hairdressers' Premises	195
Factories	191
Outworkers	383
Drains Tested	69
Prevention of Damage by Pests Act	172
Pigsties and Stables	187
Insect Pests and Vermin	291
Private Slaughtering	82
Smoke Observations	92
Visits re Smoke Abatement	368
Fertiliser and Feeding Stuffs Sampling	13
Food Hawkers	11
Offensive Trades	1
Water Sampling	8
Food Poisoning Visits	15
Slaughter Houses Inspected	2
Miscellaneous	1,342
	<hr/>
	28,143
	<hr/>

SUMMARY OF DEFECTS

The following table gives a summary of the various defects encountered in the course of visits paid to all types of premises, together with the number of defects remedied under each heading:—

TABLE II.					Found	Remedied
Dirty Premises	...	...	...	...	406	596
Defective Roofs, Spouting, etc.	...	...	...	...	978	1,173
Blocked Drains	...	...	...	...	396	395
Defective or Insufficient Paving	...	...	...	...	35	56
Defective Sinks and Wastepipes	...	...	...	...	110	133
Accumulation of Offensive Matter	...	...	...	...	37	44
Defective Plaster of Walls and Ceilings	...	...	...	...	745	919
Defective Ashbins or Ashplaces	...	...	...	...	381	99
Defective W.C.'s	...	...	...	...	244	260
Insufficient Coal Storage	...	...	...	...	6	5
Insufficient Lighting and Ventilation	...	...	...	...	380	449
Overcrowding	...	...	...	...	32	35
Defective Water Fittings	...	...	...	...	68	92
Inadequate Food Storage	...	...	...	...	1	3
Dampness	...	...	...	...	242	258
Insufficient W.C. Accommodation	...	...	...	...	—	2
Dangerous Buildings	...	...	...	...	22	23
Defective or Insufficient Drainage	...	...	...	...	138	139
Defective Washboilers	...	...	...	...	46	62
Defective External Brickwork and Chimneys	...	...	...	...	394	469
Defective Floors	...	...	...	...	185	221
Defective Firegrates	...	...	...	...	92	121
Defective Stairs and Handrails	...	...	...	...	38	59
Inadequate Heating Arrangements	...	...	...	...	1	—
Defective Woodwork of Doors, Windows, etc.	...	...	...	...	304	332
Rats—Surface Infestations	...	...	...	...	221	221
Rats—Sewer Infestations...	...	...	...	...	1,194	1,194
Lack of Sinks	...	...	...	...	17	8
Insufficient Water Supply	...	...	...	...	6	7
Defective Rainwater Cisterns	...	...	...	...	22	39
Animals kept so as to be a Nuisance	...	...	...	...	3	1
Smoke Nuisances	...	...	...	...	1	—
Miscellaneous	...	...	...	...	95	108
					6,840	7,523

WATER SUPPLY.

- (1) The quality and quantity of the water supplied to the town by the South Staffordshire Waterworks Company have been well maintained throughout the year.
- (2) Regular bacteriological and chemical analyses are made of the water, both prior to treatment and going into supply.
- (3) The water is derived chiefly from deep boreholes through red sandstone and having a hardness of 16 to 17 parts per hundred thousand has no plumbo-solvent action.
- (4) No cases of contamination have been reported during the year.
- (5) The number of houses in the town now sharing a common water supply remains at 1.1 per cent. and the position with regard to water is set out below:—

	Houses	Population	Percentage
Internal water supply ...	20,346	69,175	95.9
Separate outdoor supply	625	2,125	3.0
Communal water supply	247	840	1.1

WORK CARRIED OUT BY THE CORPORATION IN THE OWNERS' DEFAULT.

During the year under review the Corporation has executed work at the cost of the owner, and in default of his compliance with Notices, as follows:—

- (1) Cleansing or repair of blocked or defective drains and repairs to defective W.C.'s under Section 49 of the Smethwick Corporation Act, 1929 ... 281 cases
- (2) The supply of galvanised iron ashbins with covers, under Section 75 of the Public Health Act, 1936 ... 42 cases
- (3) Abatement of nuisances in default of compliance with Orders of the Court, Section 95, Public Health Act, 1936 13 cases
- (4) Repair of defective roofs under Section 49 of the Smethwick Corporation Act, 1948 4 cases

HOUSING ACT, 1936—OVERCROWDING.

At the close of the year there were on the register 105 cases of overcrowding. The number of overcrowded cases abated during the year was 35, of which 11 were abated by the Corporation providing alternative accommodation for the overcrowded family.

RATS AND MICE DESTRUCTION.

The number of premises cleared of rats and mice during the year was 259, and the estimated number of rats killed was 1,646.

Two maintenance treatments of the town's sewers were also undertaken, baits being deposited in a total of 1,194 manholes. Sixty-one complete takes and 703 partial takes were recorded.

LEGAL PROCEEDINGS.

During the year under review legal proceedings were instituted in respect of 61 premises, consequent upon the failure of the owners to comply with notices served under the Public Health Act, 1936. The results of the cases were as follows:—

- | | |
|--|----|
| (i) Cases withdrawn, the work having been completed prior to the hearing of the case ... | 42 |
| (ii) Cases in which abatement orders were made ... | 19 |

INSPECTION AND SUPERVISION OF FOOD. MILK SUPPLY.

The number of samples submitted for bacteriological examination was 136. The results of the examinations are summarised in the following table:—

TABLE III.

Types of Milk	No. of Samples	Tests Applied	Satisfactory	Unsatisfactory
Pasteurised ...	53	Phosphatase ...	49	4
		Methylene Blue ...	53	—
Tuberculin Tested (Pasteurised)	39	Phosphatase ...	39	—
		Methylene Blue ...	39	—
Sterilised ...	31	Methylene Blue ...	31	—
		Turbidity Test ...	31	—
Non-designated...	13	Methylene Blue ...	10	3

SUMMARY.

Milk examined for keeping quality (Methylene Blue)—2.2 per cent. unsatisfactory. Milk examined for efficiency of pasteurisation (Phosphatase test)—3.2 per cent. unsatisfactory.

MEAT AND OTHER FOODS.

The articles of food which it has been found necessary to condemn for diseased or unsound conditions are summarised in the table below. In all cases the food was surrendered and destroyed or was so disposed of as to prevent its use for human food.

TABLE IV.

				Tons	Cwts.	Qrs.	Lb.	Ozs.
Meat	...	...	...	1	15	1	—	14
Fish	...	...	...	1	—	3	1	2
Fruit	...	...	...	3	5	—	24	10
Vegetables	...	...	...	3	4	—	2	4
Fats	...	...	...	—	8	1	3	15
Miscellaneous Foods	...			—	7	3	25	1
				—	—	—	—	—
				10	1	2	1	14
				—	—	—	—	—

All butchers' meat sold for human consumption in the town is distributed from the City Meat Market and Abattoir in Birmingham. The only slaughtering carried on in the borough is of cottagers' pigs for home consumption, particulars of which are given in Table V. A reference to this table shows that these pigs continue to be remarkably healthy, only six pigs out of 74 being affected with tuberculosis. No pigs showed any evidence of non-tubercular disease.

TABLE V.

Number of pigs killed	74
Number of pigs inspected	74

Number found diseased:—

(a) All diseases except Tuberculosis:—

(i) Carcases of which some part or organ was condemned	Nil
(ii) Percentage of number affected with disease other than T.B.	Nil

(b) Tuberculosis only:—

(i) Carcases of which some part or organ was condemned	6
(ii) Percentage of number affected with Tuberculosis	8.1

ICE CREAM.

At the close of the year 176 premises were registered for the manufacture and/or sale of Ice Cream. This compared with 152 registrations in 1949. All these premises have been regularly visited and the provisions of both the Ice Cream (Heat Treatment) Regulations, 1947, and the Food and Drugs Act, 1938, Section 13, are being observed.

Thirty samples of Ice Cream were submitted for bacteriological examination during the year.

The registered premises are as follows:—

For manufacture and sale (Hot Mix Process) ...	6
For manufacture and sale (Complete Cold Mix) ...	19
For sale only	151

176

CHEMICAL AND BACTERIOLOGICAL EXAMINATION OF FOOD.

The Borough Analysts, Messrs. Bostock, Hill and Rigby, of Birmingham, carry out chemical analyses of food, drugs, water, air, etc., and bacteriological examination of Ice Cream.

Bacteriological examination of food, including examination of milk for methylene blue reduction test, bacterial count, phosphatase test, and the presence of B. Coli, as well as the biological examination of milk for the presence of Tubercle Bacilli were undertaken at the Public Health Laboratory and the City Analyst's Laboratory, Gt. Charles Street, Birmingham.

TABLE VI.
SUMMARY OF ARTICLES OF FOOD AND DRUGS
SUBMITTED TO THE PUBLIC ANALYST AND THE
RESULTS OF THE ANALYSES.

Articles Analysed	Total Samples	Genuine	Not Genuine
Milk	129	129	—
Herbs, Spices, Flavourings, etc.	15	14	1
Drugs and Laxatives	23	18	5
Confectionery	13	11	2
Custard Powder	2	2	—
Suet	3	3	—
Sauces, Relishes, Pickles, etc. ...	10	8	2
Sausages, Savouries, etc. ...	35	29	6
Meat and Fish Pastes	13	9	4
Cereals	7	7	—
Coffee and Chicory, etc.	6	6	—
Condiments	2	2	—
Dried Fruit	2	2	—
Cake Mixture, Leavening agents, etc.	3	3	—
Ice Cream	30	30	—
Miscellaneous Vegetables ...	1	1	—
	<hr/> 294	<hr/> 274	<hr/> 20

INCLUDING INSPECTIONS MADE BY SANITARY INSPECTORS.

PREMISES.	Number on Register	NUMBER OF		
		Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	17	23	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	177	168	7	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	—	—	—	—
TOTAL	194	191	7	—

2. CASES IN WHICH DEFECTS WERE FOUND.

PARTICULARS.	Number of cases in which defects were found.				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1)	—	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7) :	—	—	—	—	—
(a) insufficient	—	—	—	—	—
(b) unsuitable or defective	—	2	—	—	—
(c) not separate for sexes	7	15	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—	—
TOTAL	7	17	—	—	—

APPENDIX.

Causes of Death at different Periods of Life in the
County Borough of Smethwick, 1950.

CAUSES OF DEATH	Sex	All Causes									
		0—	1—	5—	15—	25—	45—	65—	75—	85—	95—
ALL CAUSES	M	483	21	4	2	11	33	136	148	102	102
	F	402	15	1	2	4	25	94	94	102	102
1. Tuberculosis, respiratory	M	33	—	—	—	—	—	—	—	—	—
	F	11	—	—	—	2	6	3	—	—	—
2. Tuberculosis, other	M	—	—	—	—	—	—	—	—	—	—
	F	2	—	1	—	—	—	—	—	—	—
3. Syphilitic disease	M	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—
4. Diphtheria	M	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—
5. Whooping cough	M	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—
6. Meningococcal infections	M	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—
7. Acute poliomyelitis	M	3	—	1	1	1	—	—	—	—	—
	F	2	—	—	1	1	—	—	—	—	—
8. Measles	M	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—
9. Other infective and parasitic diseases	M	2	—	—	1	—	—	1	—	—	—
	F	1	—	—	—	—	—	1	—	—	—
10. Malignant neoplasm, stomach	M	11	—	—	—	—	1	1	4	—	—
	F	6	—	—	—	—	—	3	1	—	—
11. Malignant neoplasm, lung, bronchus	M	19	—	—	—	1	—	11	5	—	—
	F	2	—	—	—	—	—	2	—	—	—
12. Malignant neoplasm, breast... ..	M	—	—	—	—	—	2	7	5	—	—
	F	16	—	—	—	—	—	—	—	—	—
13. Malignant neoplasm, uterus	M	—	—	—	—	—	—	—	—	—	—
	F	7	—	—	—	—	—	1	2	—	—
14. Other malignant & lymphatic neoplasms	M	64	1	1	—	1	2	22	17	—	—
	F	36	—	—	—	1	3	13	7	—	—
15. Leukæmia, aleukæmia	M	4	—	—	—	—	2	2	—	—	—
	F	—	—	—	—	—	—	—	—	—	—
16. Diabetes	M	2	—	—	—	—	—	—	1	—	—
	F	7	—	—	—	—	—	—	—	—	—
17. Vascular lesions of nervous system	M	44	—	—	—	—	1	12	17	—	—
	F	61	—	—	—	—	1	12	20	—	—
18. Coronary disease, angina	M	58	—	—	—	—	2	18	23	—	—
	F	39	—	—	—	—	—	11	13	—	—
19. Hypertension with heart disease	M	10	—	1	—	—	—	—	6	—	—
	F	18	—	—	—	—	—	—	8	—	—
20. Other heart disease	M	57	—	—	—	—	3	10	19	—	—
	F	89	—	—	—	—	8	10	13	—	—
21. Other circulatory disease	M	13	—	—	—	—	1	4	2	—	—
	F	4	—	—	—	—	—	—	2	—	—
22. Influenza	M	4	—	—	—	—	—	2	3	—	—
	F	5	—	—	—	—	—	—	—	—	—
23. Pneumonia	M	23	1	—	—	—	1	8	6	—	—
	F	16	3	—	—	—	—	—	—	—	—
24. Bronchitis	M	40	—	—	—	1	—	11	15	—	—
	F	25	—	—	—	—	—	5	8	—	—
25. Other diseases of respiratory system	M	6	—	—	—	—	—	3	3	—	—
	F	2	—	—	—	—	—	2	—	—	—
26. Ulcer of stomach and duodenum	M	9	—	—	—	—	—	4	4	—	—
	F	3	—	—	—	—	—	1	1	—	—
27. Gastritis enteritis and diarrhoea	M	3	3	—	—	—	—	—	—	—	—
	F	2	1	—	—	—	—	1	—	—	—
28. Nephritis and nephrosis	M	5	—	—	—	—	3	1	1	—	—
	F	6	—	—	—	—	1	2	—	—	—
29. Hyperplasia of prostate	M	7	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—
30. Pregnancy, childbirth, abortion	M	—	—	—	—	—	1	—	—	—	—
	F	1	—	—	—	—	—	—	—	—	—
31. Congenital malformations	M	4	1	1	—	1	—	1	—	—	—
	F	2	1	—	—	—	—	—	—	—	—
32. Other defined and ill-defined diseases	M	44	14	—	—	—	2	6	12	—	—
	F	34	9	—	1	—	2	9	7	—	—
33. Motor vehicle accidents	M	6	—	—	—	2	2	2	—	—	—
	F	—	—	—	—	—	—	—	—	—	—
34. All other accidents	M	8	1	—	—	—	2	3	1	—	—
	F	2	1	—	—	—	—	—	—	—	—
35. Suicide	M	4	—	—	—	—	1	—	—	—	—
	F	3	—	—	—	—	—	3	—	—	—
36. Homicide and operations of war	M	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—